

Information Summary and Recommendations

Speech-Language Pathologist & Audiologist Sunrise Review

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The Sunrise Review Process

Legislative Intent

It is the Legislature's intent to permit all qualified individuals to enter a health care profession. If there is an overwhelming need for the state to protect the public, then entry may be restricted. Where such a need to restrict entry and protect the public is identified, the regulation adopted should be set at the least restrictive level.

The Sunrise Act, RCW 18.120.010, states that a health care profession should be regulated only when:

- ☛ Unregulated practice can clearly harm or endanger the health, safety or welfare of the public and the potential for harm is easily recognizable and not remote or dependent upon tenuous argument;
- ☛ The public can reasonably benefit from an assurance of initial and continuing professional ability; and
- ☛ The public cannot be protected by other more cost effective means.

After evaluating the criteria, if the legislature finds that it is necessary to regulate a health profession not previously regulated by law, the regulation should be consistent with the public interest and the least restrictive method. There are five types of regulation to be considered:

1. *Stricter civil actions and criminal prosecutions.* To be used when existing common law, statutory civil actions, and criminal prohibitions are not sufficient to eradicate existing harm.
2. *Inspection requirements.* A process enabling an appropriate state agency to enforce violations by injunctive relief in court, including, but not limited to, regulation of the business activity providing the service rather than the employees of the business when a service is being performed for individuals involving a hazard to the public health, safety, or welfare.
3. *Registration.* A process by which the state maintains an official roster of names and addresses of the practitioners in a given profession. The roster contains the location, nature and operation of the health care activity practiced and, if required, a description of the service provided. A registrant could be subject to the Uniform Disciplinary Act, Chapter 18.130 RCW.
4. *Certification.* A voluntary process by which the state grants recognition to an individual who has met certain qualifications. Non-certified persons may perform the same tasks, but may not use "certified" in the title. A certified person is subject to the Uniform Disciplinary Act, Chapter 18.130 RCW.

5. *Licensure.* A method of regulation by which the state grants permission to engage in a health care profession only to persons who meet predetermined qualifications. Licensure protects the scope of practice and the title. A licensee is subject to the Uniform Disciplinary Act, Chapter 18.130 RCW.

Overview of Proceedings

The Department of Health notified the applicant group, all professional associations and board and committee chairs and staff of the Sunrise Review. Meetings and discussions were held and documents circulated to all interested parties.

Regulatory agencies in all other states were requested to provide sunrise reviews, regulatory standards, or other information which would be useful in evaluating the proposal. A literature review was conducted. Staff have reviewed all submitted information and asked for feedback from interested parties.

A public hearing was conducted in Olympia on September 7, 1995. The hearing panel included staff from the Department of Health, State Board of Health, Superintendent of Public Instruction and a public member. Interested persons were allowed to give time limited presentations. A general discussion and response period followed the hearing as well as an additional ten-day written comment period.

Following the public hearing and additional written comments, a recommendation was made based on all information received and in consultation with the public hearing panel. The applicant group and other interested parties were briefed on the draft recommendations. The proposed final draft will be reviewed and approved by the Health Systems Quality Assurance Assistant Secretary and Department Secretary. The final report is transmitted to the Legislature via the Office of Financial Management.

Executive Summary

The Washington Speech and Hearing Association and the Washington Society of Audiology introduced House Bill 2714 to the Legislature to license speech-language pathologists and audiologists and to register assistants to speech-language pathologists and audiologists. The bill accomplishes the following:

- clarifies education and a scope of practice for speech-language pathologists and audiologists and their assistants.
- creates a board to administer the law;
- contains language for endorsement of out-of-state licenses;
- has a grandfathering clause for those who are now in practice;
- allows audiologists to fit and dispense hearing aids;
- allows practice by students, persons employed by the federal government, and professionals from other states or countries "appearing as clinicians of bona fide educational seminars";
- contains restrictive language about descriptive titles (*total of 23*) that can only be used by licensed persons;
- does not allow clinicians certified by the Office of the Superintendent of Public Instruction (OSPI) to practice unless a license is obtained (equivalent to dual credentialing);
- contains ambiguous terms concerning the grandfathering of practitioners;
- conflicts with an established board in the department, the Board on Fitting and Dispensing of Hearing Aids;
- does not allow for proof of continuing competency by either continuing education or recommended periods of work.

The national association for speech-language pathologists and audiologists grants a Certificate of Clinical Competency (CCC) to members who have the required education and have proven their clinical ability. The department found that most speech-language pathologists and audiologists not working in schools have certification from the national association, and that licensure will not assure competency and will not increase the reporting of poor practice.

According to the applicant's data, about 112-280 practitioners who probably work in private practice in Washington do not have the CCC. This number includes those who work part-time and those who may not be working. The department found that a CCC is required by most third party payers, that OSPI has equivalent requirements for their speech-language pathologists and audiologists, and that it is these remaining 112-280 practitioners that licensure would actually impact.

There is a remote potential for physical harm in hospital because: the procedures are completed in facilities that are responsible for granting the privilege of practice; these facilities are creating Quality Improvement Plans according to HB 1046, Chapter 265 Laws of 1995, that will monitor those who practice within the facility, including speech-language pathologists and audiologists; the hospital procedures are performed by practitioners who are certified (CCC); and, the procedures are not performed often.

The department believes that practitioners certified by the OSPI should not be required to obtain a license because the result is dual credentialing by OSPI and the department. The OSPI practitioners have the same or equivalent education when compared to other speech-language pathologists and audiologists.

The department found that a potential shortage of practitioners is possible if licensure is adopted, especially in the school system. The OSPI reports a shortage of >32 FTEs for the 1995-96 school year.

The department found that in HB 2714 registration of assistants to speech-language pathologists and audiologists is contrary to the present law regarding registration.

The department found that licensure of speech-language pathologists and audiologists is not consistent with the public interest and the least restrictive method of regulation. Existing common law and statutory civil actions and criminal prohibitions should be sufficient to eradicate any existing harm.

Recommendations proposed by the Department of Health:

1. Speech language pathologists and audiologists should not be licensed by the Department of health.

If House Bill 2714 is considered for passage, the department recommends the following changes:
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2. Consider an advisory committee to the Secretary of the Department of Health instead of creating a separate board (Section 3).
3. Add more public members to the advisory committee.
4. Exempt speech-language pathologists and audiologists who are certified by the Office of the Superintendent of Public Instruction from the bill (Section 18).
5. Remove conflicting language in Section 5 that relates to dispensing of hearing aids.
6. Remove language referring to "good moral character" in Section 8 (1)(a)(i) on line 8 and (2)(a)(i) on line 19.
7. Where occurring, change the words "state treasurer" to "department".
8. In Section 10, line 9, add a period after board and delete the remainder of the sentence.
9. In Section 13(2), line 11, the words "commonly accepted standards" are ambiguous and should be clarified in statute.
10. In Section 13(3) the inappropriate language for requirements and affidavits must be removed.
11. In Section 15 there are too many titles to describe speech-language pathologists (14 titles) and audiologists (9 titles).
12. In Section 16 the disciplinary authority under RCW 18.130 should be given to the secretary and the remaining language of the section should be deleted.
13. Exemptions in the title section should include employees of school districts who practice as school speech-language pathologists and audiologists.

Current Regulation and Practice

Washington is one of only six jurisdictions in the nation in which Speech-Language Pathologists and Audiologists are not credentialed. The other five are the District of Columbia, Idaho, Michigan, South Dakota and Vermont.

The national association for speech-language pathologists and audiologists is the American Speech-Language-Hearing Association (ASHA). ASHA's membership in September, 1995 was 82,238 and it claims that 60% of the nation's speech-language pathologists and audiologists hold the nationally recognized credential, Certificate of Clinical Competence (CCC).

According to the applicant's report there are approximately 2,000 persons practicing as speech-language pathologists/audiologists in Washington. Audiologists comprise 15% of the practitioners. According to ASHA, of the 2,000 Washington practitioners approximately 1,200 are nationally certified (CCC), which is equal to the national association statistic of 60% member certification; however the state association, Washington Speech and Hearing Association (WSHA), has a certification rate of 74% among its 818 members.

Speech-Language Pathologists and Audiologists are prepared at either the master's or doctoral level for clinical practice to identify and treat disorders of speech, language and hearing. The profession also requires a high level of psychomotor skills to complete some of the various examinations used. There are three university programs for Speech-Language Pathologists and Audiologists in Washington--University of Washington, Western Washington University and Washington State University. All three programs award a master's degree and are accredited by ASHA.

Persons in the profession practice independent of supervision by other professionals and are the sole determiners of when to initiate, alter or terminate services to a client. They are recognized as independent practitioners by the U.S. Department of Health and Human Services and the U.S. Department of Labor and may be afforded medical staff privileges at hospitals. The applicant's report speaks to a court opinion which upheld a diagnosis made by a practitioner in this profession where there was a conflict with a physician's diagnosis (p. 12).

Assistants to speech-language pathologists and audiologists are employed in fewer settings. Training is usually on-the-job, but there are a few training programs sponsored by school districts. These programs do not lead to a recognized certificate or degree.

Proposal for Sunrise Review

In March, 1994 Representative Dennis Dellwo, then Chair of the House Health Care Committee, requested that the Department of Health conduct a Sunrise Review on House Bill 2714 (see Appendix A) forwarded by the Washington Speech and Hearing Association and the Washington Society of Audiology. If passed, this bill will create regulation at the level of licensure for speech-language pathologists and audiologists (SLPAs) and will

regulate assistants to speech-language pathologists and audiologists at the level of registration. The bill clarifies educational requirements and a scope of practice for speech-language pathologists, audiologists and their assistants.

In addition, House Bill 2714 creates a board to supervise the licensure and registration processes including examination, setting of standards, adoption of rules, and adherence to the Uniform Disciplinary Act. SLPAs must have a minimum of a master's degree and complete a postgraduate professional work experience. Interim permits are granted to applicants awaiting examination results.

An assistant to speech-language pathologists or audiologists must have completed an educational program which includes appropriate clinical experience and is approved by the board to be registered. The program can be on-the-job training or school based. Assistants would work under supervision at all times.

The bill contains language for endorsement of licensees from other states if the applicant has met qualifications substantially equal to requirements in Washington.

Audiologists would be authorized to fit and dispense hearing aids/instruments.

Persons already practicing the profession will be grandfathered into licensure if they meet "commonly accepted standards" for the profession. Assistants will be grandfathered into registration upon presentation of two sworn affidavits from speech-language pathologists or audiologists attesting to their educational and clinical experiences.

The bill also contains very restrictive language about descriptive titles under which SLPAs could offer their services. It allows the practice of the profession by students in school or during the internship, persons employed by the federal government, and professionals from other states or countries "appearing as clinicians of bona fide educational seminars."

Summary of Information

Department staff reviewed information received during the review process. Additional information was solicited from interested parties and further information was provided to the department voluntarily. In this "Summary of Information" section, the text is paraphrased by the department from all documentation received. It does not reflect the department's findings, which are found in a later section of this report.

The summary is divided into three parts which correspond to the three main criteria given by the legislature to determine if a profession should be regulated by the state and, if so, to what extent. The three criteria are a) harm to the public, b) benefit to the public, and c) other means of regulation.

A. Harm to the Public

(Headings in italics indicate the source of the information.)

*Washington Speech and Hearing Association
Washington Society of Audiology*

Communication disorders affect every aspect of a person's life placing barriers to learning, employment and independent living. Approximately 17% of the population have speech, language or hearing disorders, more than the combined numbers of persons with heart disease, paralysis, epilepsy, blindness, cerebral palsy, muscular dystrophy and multiple sclerosis. Two segments of the population are most affected by communication disorders, young children and the elderly. Speech-language pathologists and audiologists who are not certified by the national organization can work in public and private schools. There have been reports of SLPAs employed by schools who misdiagnose children resulting in placement in special education classes. With licensure the Certificate of Clinical Competency (CCC) would be required, and, because SLPAs would be practicing under the Uniform Disciplinary Act (UDA), sanctions could be placed on the license of anyone who proves to be incompetent.

Examples of harm that could or did result from SLPAs whose practice is incompetent, unprofessional or illegal are cited in the report. They include:

- defrauding insurance companies and individuals of thousands of dollars;
- physical harm from failure to recognize early signs of chronic or catastrophic disease;
- misuse of hearing instrumentation causing infections or lacerations of the ear canal or perforation of the ear drum;
- using tones during an examination that are intense enough to cause hearing problems or loss;
- psychological harm from misdiagnosis or improper services;
- intricate radiographic procedures and the misdiagnosis of problems;
- inaccurate insertion of fiber optic tubes in nasal passages resulting in scarring or other permanent damage;
- improper choice of patients for cochlea implant surgery and poor patient aftercare;
- poor evaluation of the electrophysiological activity of the hearing nerve before or during intraoperative monitoring;
- inappropriate techniques for testing and misinterpreted results;
- improper equipment purchases needed for treatment;
- misapplication of auditory integration therapy (AIT);
- periodical and newspaper advertising which the association maintains is misleading;
- examples of ethics violations reported to WSHA and ASHA.

The applicants believe the potential for harm is real and very serious because: practice of the profession is autonomous; the public does not understand the work of SLPAs; the public does not understand the legal system for relief of complaints; SLPAs who lose their jobs due to incompetence, negligence or dishonesty, or are sanctioned by the professional association, merely move to another locale and continue to practice; incompetent providers from other parts of the country come to Washington where practice is not regulated. One

value of licensure is to cause professionals to voluntarily limit their activities to those within the general scope of practice and which they are competent to perform.

The potential for harm from assistants is directly related to the degree to which they are unsupervised and untrained. While there are guidelines available, they are not in widespread use. The applicant's report cited examples of an assistant not working under a SLPAs supervision in a school district resulting in a delay in diagnosis and rehabilitation of young students. If this bill is passed, rules would be adopted for standards of practice for assistants based on the state and national associations' documents. These standards require all assistants to work under direct supervision. The supervising SLPA is legally responsible for the assistant's practice and can supervise no more than three assistants at one time.

At the present time there is no prohibition against persons advertising that they are speech-language pathologists, audiologists or assistants, or from practicing as such. The report cited an instance of a practitioner from another health care profession who was performing audiology assessment tests. Individuals tending to move into one profession from another profession tend to adopt their knowledge of assessment and care to the newer profession, sometimes with poor consequences.

Department of Health Literature Search

Unsafe Practitioners

Mandatory credentialing would bring all practitioners under the Uniform Disciplinary Act whereby complaints are registered, investigated, and, if there is cause, disciplinary action is taken. Information on disciplinary actions is public knowledge and can serve to protect the public from unsafe practitioners.

Regulation by the state often evokes an atmosphere of safety, but cannot guarantee it. ASHA anticipates an increase in complaints to states against SLPAs because of the occupations' increased involvement in "medical" procedures (Minnesota, 1994). Minnesota's report also states that the potential for harm as evidenced by reports of actions against SLPAs in other states is a sufficient basis to conclude that some type of regulation is appropriate and concludes that a potential for harm exists although the professional and employer market with its accreditation standards and protocols keep the potential for harm to a minimum.

Reports to the Department of Health do not support the claim of increased complaints. Table 1, page 10, shows the number of complaints reported in states contacted by the department is very low. It is not known if the reason for the lack of complaints is due to a lack of public awareness of licensing laws or if the majority of SLPAs are employed in state agencies and complaints are lodged with that agency first (Hawaii, 1987). Further, from the number of disciplinary actions reported, a very small percentage of complaints actually result in sanctions to the license.

Table 1					
Speech-Language Pathologist & Audiologist Complaints in Various States					
	Complaints '94		Complaints '93		Comments
State	SLP*	Aud**	SLP*	Aud**	
AK	None	None	None	None	
CA	+	20-25	+	20-25	+ combined
CO	NA**	NA	NA	NA	new program, '95
CT	+	1/0	+	1/2	+ combined
FL	NA	NA	NA	NA	
GA	+	11	+	13	+ combined
HI	NA	NA	NA	NA	
IL	NA	NA	NA	NA	
IA	+	1	+	3	+ combined
KS	1	0	0	0	new program - '95
ME	+	2	+	1	+ combined
MD	+	5	+	9	+ combined
MN	3 in 5 yrs	NA	-	NA	
MO	+	2	+	2	+ combined
MT	0	0	0	0	
NE	+	0	+	0	+ combined
NV	+	1	+	1	+ combined
NM	0	0	0	0	
NY	16	29	13	20	
OR	+	6	+	4	+ combined
WI	2	0	2	2	
* SLP - Speech-language pathologist					
** AUD - Audiologist; it is no known how many complaints are related to hearing aid fitters.					

Some audiologists also fit and dispense hearing aids and are licensed as such. Licensure of fitters began many years ago when there was a large number of consumer complaints about service and fraud. A review of Department of Health disciplinary records for hearing aid fitters shows 392 active licensees. In the last five years the hearing aid fitters board reviewed 169 complaints, but only 20 are active at this time. Archived records were not researched to determine how many of the 169 complaints were confirmed and resulted in sanctions to licensees. The department does not have records to show how many hearing aid fitters are audiologists.

SLPAs are voluntarily regulated by private organizations recognized as effective, including a national association with voluntary certification authority and accreditation programs for many of the institutions in which they work (Joint Council for Accreditation of Health Organizations, JCAHO, and Commission on Accreditation of Rehabilitation Facilities, CARF). The national and state professional organizations promulgate standards of practice for the profession and the national organization awards the CCC to practitioners. In addition, the national organization is authorized to prosecute disciplinary actions

against members upon conviction of criminal or negligent conduct relating to the practice of speech-language pathology and audiology.

Some of the problems identified by the applicants were also given in an earlier report to the State Health Coordinating Council (SHCC) which completed a sunrise review in September, 1987. Some of the problems concern SLPAs certified by the Office of the Superintendent of Public Instruction (OSPI) to work in schools who, during the summer months, work in private practice. The applicant's believe all practitioners in private practice should have the CCC.

OSPI certifies school SLPAs under the Washington Administrative Code (WAC) and they are required to have a master's degree (WAC 180-78-275). According to OSPI, during the 1994-95 school year there was a shortage of 32.18 full time equivalents for SLPAs after multi-state recruitment.

New rules to be promulgated this fall by OSPI will require that assistants work under the supervision of certified school SLPAs to include direct observation at least weekly, and direct observation at least monthly in off-site locations (Appendix B).

Harm from Non-licensed Practitioners

A strong argument can be made that state licensure, the most strict form of regulation, is one of the factors causing shortages of health care personnel. The applicant's refute this belief because according to the U.S. Department of Education, the supply of SLPAs in Washington State in 1994 does not reveal a shortage profile. The high vacancy rates could be due to low salaries, a low number of graduates entering the profession, or high out-of-state migration.

Research suggests that even though a profession often uses invasive procedures, a shortage can do more harm to the public than the *potential for harm* from non-licensed practitioners (Mitchell, 1989). At this time there is a shortage of SLPAs in the public school system that could be aggravated by licensure of this profession.

Research suggests that with health care reform cross-training in two or three professions will be common within a few years. While at the present time cross-trained workers could help to alleviate shortages, after licensure only qualified persons with a master's or doctoral degree may be hired. At this time there is no evidence of cross-training into this profession. Stringent requirement for licensure would prevent any future cross-training.

Table 2, page 12, represents the percentage of SLPAs found in different work settings as reported by the applicant. The table shows that approximately 280 persons (14%) work in settings that are not controlled by accreditation or other standards, mechanisms in place to prevent incompetent professionals from practice whether hired by an institution or used as a consultant.

It would seem that the 14% (280 SLPAs) who are in private practice are the individuals to which licensure is actually targeted; however, if 60% of all SLPAs possess the CCC, the

number of actual uncredentialed persons in the field could be closer to 112 (40% of 280), or 5.6% of all Washington SLPAs. This number can also represent persons who are not actively practicing or work in part-time practice. Licensure, the most costly method of regulation, would address the *potential for harm* from approximately 112 individuals. The number could be less because it appears that licensure is addressing those that do not receive third party payment for services (a provider must be certified (CCC) by the national association to receive third party payments).

Table 2		
Field of Employment for Speech-Language Pathologists/Audiologists as Reported by Applicant *		
Employment Field	Number	Percent
school setting	1,080	54
medical setting	480	24
community agencies	60	3
colleges/universities	100	5
unknown	280	14
Total	2,000	100
* The percentages were reported by applicant; numbers of practitioners are derived from percentages. The total practitioners (2,000) includes association members and non-members.		

There are instances of harm or potential harm cited in the report, but they are rarely life threatening and are amenable to recourse through the court system or the institutional accreditation system. The awarding of a license will not prevent practitioners from making mistakes, committing acts of negligence or false advertising.

B. Benefit to the Public

(Headings in italics indicate the source of the information.)

*Washington Speech and Hearing Association
Washington Society of Audiology*

The work of SLPAs is unfamiliar to most consumers. A 1994 survey of citizens who were actively receiving services demonstrates they were unable to judge the qualifications of the professional providing the service. Seventy-seven percent of respondents believed their SLPA was state regulated, 25% were aware that their provider had a national credential and 23% did not know about the credential of their provider.

With licensure the public could identify qualified practitioners who understand the technology of the various equipment and the skills needed to function in the profession. Another benefit to the public is the increased competency of the provider. Under licensure the public could be confident of competency because:

- all practitioners would be under one law as opposed to voluntary national certification;
- there would be standards of practice which all professionals would meet;
- endorsement would be in place for practitioners moving into the state;
- practitioners would be required to take the national association's examination;
- compliance with the Uniform Disciplinary Act (UDA) is found in the bill;
- functioning under the UDA gives the ability to regulate quality of care; and
- quality would be assured through the Code of Ethics and Standards of Care of the national and state associations.

The public would benefit because licensure would be mandatory and the required education plus the credentialing examination would ensure competency. Licensure ensures that the knowledge underlying the standards has been attained, and because practitioners would understand the standards, they would practice within these boundaries. State regulation bears the force and effect of law. A practitioner sanctioned in a state with regulation may be fined or even imprisoned, but practitioners sanctioned by their association may only lose association membership or the CCC.

Can the public expect to possess the knowledge needed to properly evaluate the qualifications of those offering the service? Ben Shimberg, author of Questions Legislators Should Ask, states that if the answer to the question is no, the professions should be regulated. The applicants state that for speech-language pathologists and audiologists the answer is no.

Licensure also ensures a scope of practice which can be defended in courts of law and by the state. The state attorney general's office confirmed that because the profession of audiology lacked a legal definition in Washington, audiologists were limited in their ability to challenge a physician's alleged practice of performing unnecessary surgery.

Regulatory boards in other states have seen an increase in complaints from consumers. At present Washington consumers must independently utilize civil or criminal avenues to

complain, a daunting and costly means of seeking redress especially for the preschool and the elderly population, the persons most susceptible to communication disorders and the least able to do anything about abuses by professional practitioners.

The applicant's report (page 9) states that one-third of the population over 65 years of age has significant hearing loss (Downs, 1985) and that this age group experiences 75% of the strokes occurring in the United States. Of stroke patients, a significant number have communication disorders requiring rehabilitation (Weinfeld, 1981). A large segment of the elderly population will benefit from licensure and its resulting standards of care for all SLPAs.

It is estimated that early diagnosis of childhood communication disorders can save \$10,000 to \$16,000 per child of the total costs of intervention and special services. In addition, early diagnosis and treatment may result in savings within the first 36 months of \$7 for every \$1 spent. Early intervention also reduces future reliance on social services; therefore the young population would also benefit from licensure and the resulting savings of dollars.

Assistants to SLPAs receive on-the-job training and do not work under guidelines regarding their scope of practice. There would be a benefit to the public with standardized training of assistants, which can include college courses, and with SLPA supervision to be regulated by law. Assistants can serve as "extenders" for SLPAs and, therefore, the public can benefit from a reduced cost of service. However, assistants must practice under a qualified SLPA and perform work only to their level of capability. A SLPA can supervise no more than three assistants.

It is impossible to determine the extent to which a law becomes a deterrent to malpractice. One-third of ASHA members purchase group malpractice insurance from the Chicago Insurance Company brokered by Albert H. Wohlers and Company. Data from this one insurer show that 72% of awards paid were due to improper diagnoses, injury or improper procedures. The highest award was in excess of \$1 million.

Applicants believe there will be no cost to the state because license fees will cover the administrative and disciplinary costs. Mandatory licensure also provides a system to track unsafe practitioners, and the state would be able to document shortage areas in the profession.

Department of Health Literature Search

Who Will Benefit

Opposing arguments for and against licensure are found throughout the literature; but authors agree that the cost of licensure generally increases the cost of care (Barman, 1990). An escalation in education requirements following licensure is the norm, even if the process is slow. Education costs money and increased education is reflected in the cost of care. The benefit to the public is reduced with these increases.

Opponents of licensure state that the issue is *who* benefits most, the public or the licensed professional. The stringent requirements depriving workers of jobs and dissuading students from entering the field, and the increase in cost of care are only two problems with licensure that provide no benefit to the public.

According to RCW 18.120.040 it is the legislature's intent that all individuals should be permitted to enter into a health profession unless there is an overwhelming need for the state to protect the interests of the public by restricting entry. Restrictive entry levels resulting from licensure make it difficult for international practitioners to become licensed (Low, 1992; Barman, 1990; Begun, 1990; Lawson, 1989; Kernaghan, 1976).

To become regulated the unregulated practice must clearly harm or endanger the public; show that the potential for harm is not remote or dependent upon tenuous argument; and that the public cannot be effectively protected in a more cost-beneficial manner; but the applicants believe that legislators should credential a profession if the consumer cannot evaluate the qualifications of those offering the service. If this is true, then professions such as laboratory technicians, recreational therapists, medical records technicians, tumor registrars, biomedical engineers, central supply workers, and lactation consultants should be credentialed. The benefit to credentialing is to protect the public from harm, not protect the public from something they do not understand.

When consumers hire a practitioner in private practice, consumers should make themselves aware of the credentials and reputation of the practitioner. However, consumers are usually referred to SLPAs by other practitioners, generally a private physician or a child's school teacher.

To help consumers become more aware, advertising could be targeted to young families and the elderly over a period of time. The national and state associations appear to be strong (the national association has >82,000 members and the state has >800 members). These associations could afford targeted advertising that heightens familiarity with the work accomplished by SLPAs and the Certificate of Clinical Competency awarded to members of the association after education and testing. The fees intended for licensure and disciplinary actions could be given to the state association (WSHA) for advertising, for example.

The applicant's report states that rehabilitation services by SLPAs will decrease the need for expensive hospital or nursing home care, but there is no estimate on the funds saved for SLPAs, only for rehabilitative services in the aggregate. It is reported that the need for these services in nursing homes is not understood by administrators or employees (Lubinski, 1993) and, according to Lubinski, SLPA services are underutilized.

The report also states that a savings of \$7 for every \$1 spent on very young children could be expected with licensure; however, the children in need will be referred to SLPAs by their primary care physician, the early childhood screening techniques and school personnel. Licensure would not change this.

Proponents of licensure argue that: the public is protected from incompetent or unethical practitioners; it is a key to a better-trained work force; and the practitioner receives more

respect from both patients and other professionals (Low, 1992; Barman, 1990). A few persons in Washington who hold the CCC were contacted by the department. It is their opinion that the citizens of Washington will benefit for the following reasons:

- Background checks can be done on persons entering from other states that credential SLPAs. According to the applicant's report there are documented instances where practitioners have moved to Washington after censure on their license in another state.
- The responsibilities of new procedures now being done are becoming so great that the public needs to be protected (i.e., swallowing management--if not properly trained the patient could aspirate and die).
- Some agencies are allowing CFYs (Clinical Fellowship Year interns) to do procedures without their supervisors, a very dangerous practice.

Education and Examination

Concentrating on the education and examination criteria as the measure of competence should promote high quality service (Shannon & Dietz, 1989). Literature suggests that continuing education does not lead to competency unless the education is targeted specifically to the learner's needs; but mandatory work requirements (normally a specific amount of time worked in any one year) can maintain competence. This bill contains no continuing education requirements or mandatory work requirements for renewal of the license and limits "competency" to the newly licensed provider.

Additionally, registration of a profession cannot require education or on-the-job training; registration simply means the keeping of a roster. Therefore, the education requirements for registered SLPA assistants found in the bill cannot be implemented under the current registration law.

C. Other Means of Regulation

(Headings in italics indicates the source of the information.)

Washington Speech and Hearing Association

Washington Society of Audiology

The following are alternatives to licensure and are not satisfactory for SLPAs for the reasons given:

- Follow the WSHA and ASHA Code of Ethics and Standards of Care, but national certification is voluntary: Anyone with the requisite knowledge can practice whether or not standards and a Code of Ethics are followed.
- Resolution of disputes: With voluntary membership in the national and state associations, practitioners do not heed warnings.
- Legal remedies: These are available only to patients with the means to afford them (the term "means" can be economic or knowledge-based).
- The employers of practitioners could be regulated: This option would be cumbersome and complex due to the diversity of settings in which SLPAs work.
- Regulation of the very diverse employers would discourage endorsement of a SLPA license, especially for those self-employed.
- Regulation of the program or service takes responsibility away from the individual provider.
- There is no way of determining an assistant's scope of practice for legal redress.
- Regulation of assistants should not take place without regulation of their supervisors.
- Registration does not ensure that a consumer would be protected from an unqualified provider.
- Certification is voluntary and does not prohibit uncertified persons from practicing. It does not carry the force and effect of a licensure law.
- Certification of assistants is not possible without standards for education. No such standards exist at this time.

For the state to ensure adequate consumer protection regulation of a profession must:

- be mandatory for all practitioners;
- be required in all practice settings;
- define and regulate a comprehensive set of practice standards consistently applied; and
- provide an identifiable, accessible and equitable means of recourse.

The above set of qualifications are provided only by licensure. The state has seen fit to license related health professions such as physical therapy, occupational therapy, social work, psychology, nursing, and hearing aid fitters and dispensers. There is a trend to rely on state determination for qualified providers as seen by changes in accreditation standards for institutions and Medicare guidelines for skilled nursing facilities. Appendix C gives a listing of states with credentialing laws and the characteristics of each law.

Department of Health Literature Search

"The world is more complex than allowing for only two alternatives, regulation or no regulation. People will support degrees of government regulation. The question to research is, how many rules are beneficial?" (Begun, 1990). Nichols believes the ongoing demand for licensure is the result of rapid technological advances, increased competition among health personnel, and transformation of the health care financing and delivery systems. Significant policy questions to ask are, "What is the relationship between granting licensure to new groups versus expanding the scopes of practice for existing groups to each of the following: cost control, innovative use of personnel, promoting life styles conducive to good health, reducing the occurrence of preventable conditions, and providing care that is adequate and accessible (Nichols, 1989)?"

In 1987 the State Health Coordinating Council completed a Sunrise Report for SLPAs recommending against licensure. In the report some of the findings that are still true today include:

- The very young and the elderly typically receive the services of SLPAs through regulated agencies.
- Institutions, agencies and physicians who use SLPAs are responsible for the outcome of services rendered;
- Very few SLPAs are in private practice;
- Consumers can identify competent practitioners by the listing of ASHA-CCC in their title;
- The potential for harm to the public exists but adequate means of protection are already available and in operation for most abuses;

When the Legislature finds it is necessary to regulate a health profession, the least restrictive alternative regulation method should be implemented, consistent with the public interest and taking into consideration the following five rules: (Washington, 1995)

1. Where existing civil and criminal laws are not enough to eradicate existing harm, civil and criminal prohibitions should be strengthened;
2. Where a service is provided involving a hazard to public health, safety, or welfare, regulations should impose inspection requirements and enforce violations;
3. Where threat to public health is relatively small, regulation should require *registration* as the credentialing level;
4. Where the consumer may have a substantial basis for relying on the services of a practitioner, regulation should allow *certification* as the credentialing level; and
5. Where apparent that adequate regulation cannot be achieved by any other means, regulation should require *licensing* as the credentialing level.

The report from Hawaii gave two reasons to examine regulation: 1) there is a national trend to move away from recognizing credentials given by private accreditation groups like ASHA (cited from Lynch and Dublinski, 1985); and 2) changes in the way federal funding is to be applied in the future (cited from White, 1985). Low states that licensure began for the self-employed and was instigated to protect the consumer from inept or unqualified health professionals. He found that costs increased by 16% with licensure, an increase due

mostly to the need for increased education. His recent study on licensure contained the following conclusions (Low, 1992):

- the rationale most used for licensure is protection of the public;
- the professional has a conception of benefits and harm that differs from that of the public;
- even a title act (certification) provides protection in that practitioners cannot publicly refer to themselves as such without the minimum qualifications;
- there is no difference in practice between states with licensure and states without; and
- licensure protects professionals from too much competition.

Additionally, health reform literature states that managed care is making rapid strides in the country; this is especially true in Washington State. Most, if not all, managed care organizations require the CCC before referring their patients for services. (Priester, 1992; Greenlick, 1995; Starr, 1995; Goldsmith, 1992; Coye, 1993; Hancock & Bezold, 1994) By requiring the CCC, the organizations are striving to follow through on their Quality Improvement Plan (QIP), a new program implemented by the state. Engrossed Substitute House Bill 1046 (Chapter 265 Laws of 1995) gives certain protections to providers whose QIP has been approved. Therefore, it can be assumed that SLPAs in managed care organizations will have the CCC or, as in the public school system, adequate education to be certified and offer safe services.

Licensure Issues

The values of regulation should accrue to the public, not the experts, and regulation of a health profession does not exist in a vacuum. If this is true, then the issues or trends relevant to licensing, according to Nichols (1989), are: mandated benefits and third party reimbursement; fraudulent degrees; immunity clauses; composition of licensing boards; expanding scopes of practice; impaired professionals; and continuing competency. Not addressed by Nichols were education and costs, supervision and protocols, cross-credentialing and cross-skilled professionals, and the restrictiveness of licensure with resulting manpower shortages. The following addresses these issues.

Mandated Benefits and Third Party Reimbursement: Those who are nationally certified (CCC) can receive third party reimbursement; therefore, state licensure would have no effect for them. If payment is a problem secondary to non-licensure, the association and the Insurance Commissioner should be working together to rectify the situation. Licensure is not intended to regulate reimbursement for professionals; the goal of licensure is to protect the public from harm.

Fraudulent Degrees: Each employing agency or institution is responsible for the credentials and practice of the people hired. When an individual citizen hires a practitioner who is in private practice, the consumer should be aware of the credentials and reputation of the practitioner. This awareness is not justified as the state's responsibility. The hearing panel was not convinced that most clients come to SLPAs without a referral from a health provider, teacher, or someone familiar with knowledge of SLPAs.

Exemption Clauses: This bill does not grant exemption to other practitioners, only students and those employed by the federal government. SLPAs who work in schools are certified by the OSPI and would also be required to obtain a license with the Department of Health.

Composition of Licensing Boards: Where Washington's licensing commissions (boards, councils and committees) include a very small number of public members, the board is representative of nearly identical interests with the profession, including protection of the scope of practice (Shannon & Dietz, 1989). One or two public members does not represent the public's interest.

Expanding Scopes of Practice: A scope of practice can only be protected by licensure, which then restricts entry into the profession. This bill includes a scope of practice defined by national association standards. As the standards change, the scope of practice for the state would most likely change increasing the need for education.

Impaired Professionals: In Washington State the Uniform Disciplinary Act provides the public with legal means to discipline and sanction the credentials of health care professionals. Mandatory registration, the least restrictive form of credentialing, implies the same enforcement as will certification and licensure. The Consumer Protection Act can also accomplish this process.

Continuing Competence: There is no convincing evidence of a tie between licensure and competence (Kernaghan, 1976; Begun, 1990). In fact, licensure does not provide initial or subsequent competency of professionals. Research shows that a "perfectly competitive market", a market where all can participate, is the optimal way to structure consumer-provider exchanges (Begun, 1990). This bill does not require continuing education or mandatory work requirements for renewal of the license.

Education and Costs: Licensure serves as a protection of the scope of practice and this, in turn, usually drives a specific educational path. But education costs money, and licensure with its natural tendency to escalate education will increase costs (Shannon & Dietz, 1989; Moser, 1979, Lawson, 1989).

Supervision and Protocols: SLPAs work independently of supervision; however, the agencies and institutions where they work generally have rules and protocols to be followed by independent practitioners, the supervisors and the employees. Under an agency's license to operate, it is the agency, not the practitioner, that guarantees the competency of the provider to the consumer. According to the report 14% or less work in private practice and are not therefore required to meet agency or institutional protocols.

Cross-Credentialing and Cross-Skilled Professionals: The educational level needed for licensure in this profession would make cross-credentialing into the profession very difficult. No evidence of cross-skilled or cross-trained personnel was found; however, the trend for cross-skilled workers is found throughout health reform literature as a means to alleviate shortages and for more comprehensive care.

Restrictiveness of Licensure: A licensed practitioner can be a more marketable commodity and pay increases with licensure are found in institutions, some as much as 40% (Lawson, 1989). The applicant's report paints a picture of a very restrictive license somewhat equivalent to the medical or pharmaceutical profession, professions in which harm can cause immediate death.

Possible Legislative Action

Three professional associations, the Washington Speech-Hearing Association, Washington Hearing Aid Society and Washington Society of Audiologists, are planning to introduce a bill during the next legislative session (January 1996) that would combine the three professions into one board (see Appendix D for H-3362.1/96). The bill creates licensure of speech-language pathologists and audiologists, registration of assistants to speech-language pathologists and audiologists, and one board for hearing aid fitters, speech-language pathologists and audiologists to administer the law.

Currently six states regulate these three groups under a single board as a means to reduce cost, consolidate regulation of all practitioners and reduce public confusion about where to turn for information. Two more states are considering such consolidation and an additional two states may have bills introduced in the next legislative session.

The panel did not address the proposed bill because the difference between the two is a combined board, which would be a method of implementing regulation; however, some of the shortcomings found in HB 2714 are not addressed in the proposal (see Recommendations, page 26-28).

Other States

The department received six copies of sunrise/sunset reports for this profession. Table 3, page 22, gives the reasons for or against regulation in these six states and the action of each legislature. Of the 47 jurisdictions that regulate SLPAs, only Minnesota uses registration; the remaining states use licensure. Twenty-one states regulate assistants.

Table 3 Reasons For Regulation From Six States Following Sunrise/Sunset Review		
State	Level	Recommendation/Reason
Colorado	Licensure	Consumer Protection Act is most reasonable method, but the law must have funding if it is to be enacted. A 1995 bill for licensure passed the legislature.
Hawaii	Licensure	Recommended registration because practice continues to pose little harm. To date there is no documentation of harm by licensed persons. Licensure retained by legislators.
Minnesota	Registration	The public needs a system to identify qualified practitioners. With no complaints more restrictive regulation is not needed. Registration retained by legislators.
Montana	Licensure	Sunset report had no recommendations. Licensure retained.
S. Carolina	Licensure	The Board is the only entity with authority to regulate SLPAs in private practice. Legislators voted for licensure.
Texas	Licensure	Report had no recommendations. Licensure retained.
Washington	none	1987 SHCC report. The young and elderly obtain these services from agencies that must use CCC providers; PL 94-142 exempts educational therapists; federal employees are exempt in bill. There was no action in the legislature.

Conclusion

Licensure is designed for the protection of the public health. Licensure of a profession is improper if it is seen as earned or deserved, if it is given as recognition of abilities and skills, or if it is used as protection from unfair encroachment by other health professions. National standards and credentialing are preferable to state credentialing, and standards of practice can be higher with voluntary certification than the minimal entry level standards required for state licensure (Position Paper, 1976). The national body should rigorously encourage the government to tie reimbursement to services rendered by its certified practitioners. (Block, 1981).

Reform of the health care system continues. Washington State is one of the first states to stress the use of managed care for Medicaid recipients. The basic health plan is one form of managed care for residents who are otherwise uninsured. The use of SLPAs in a managed care plan will be dictated by the consumer's primary care professional or agency, which becomes responsible to ascertain that the credentials of the SLPAs are adequate.

The SHCC report of 1987 recommended against licensure. The applicant's 1995 report did not contain new information which would show an increase in harm or the potential for harm.

Public Hearing

A public hearing was held on September 7, 1995. Approximately twenty-five people attended the hearing, but only seventeen people signed in. Thirteen testified in favor of the bill with no one in opposition. The majority of the thirteen were consumers who have used the services of SLPAs in the past. All expressed their belief in the importance of licensure to assure the public of competent practitioners.

Written Communication

Sixteen letters of support for licensure of SLPAs were received by the department. One letter was signed by eighteen people. Two letters were received from the OSPI to explain misunderstandings concerning OSPI and to answer panel requests.

Findings

1. There are a number of methods for citizens to report inappropriate, negligent and illegal acts; licensure is but one. Licensure would bring SLPAs under the Uniform Disciplinary Act making it a simpler method for citizens to report problems, but it is designed to discipline providers after poor practice occurs and would not eradicate poor practice. All harm cited is amenable to recourse through the court system, the Consumer Protection Act, or the institutional licensure/accreditation system.
2. Of approximately 2,000 SLPAs working in Washington, about 5% to 14% of practitioners are in private practice and are probably not nationally certified. Other practitioners without the CCC work for agencies or institutions that are responsible in some manner for the employee's practice through certification, accreditation or licensing standards.
3. Managed care is rapidly becoming a reality in Washington. Even though SLPAs work autonomously, their referrals in the future will come from primary care providers in managed care and the EPSDT screening completed in the early years of school.
4. State requirements beyond those already existing would be redundant. With licensure the practitioner would receive the same education and take the same examinations they now complete to receive certification by their national association. In the health care field, employing agencies already must be licensed by the state and accredited by different organizations in order to receive Medicare and Medicaid payments. In the public education field and other areas where SLPAs practice, it is a function of the employer's management to assure competency of its employees. The only persons who may be practicing without an agency scrutinizing their credentials are those mentioned in #2 above.
5. There is a potential for physical harm from invasive procedures. Some invasive procedures are completed in hospitals, nursing homes and schools. Cited examples of harm in the applicant's report include *potential* economic, mental and physical harm which licensing cannot correct. In states where credentialing has occurred, complaints are rare.
6. Licensure might result in a shortage of practitioners. One reason for a shortage of practitioners following passage of licensure laws is because entry into practice becomes restrictive. There is no evidence that licensure will increase the number of practitioners in rural areas, and there is already a shortage of 32.18 FTEs in the public school system for school speech-language pathologists and audiologists.
7. Licensure is likely to increase the cost of care. The costs of increased education, license fees, and disciplinary costs lead to an increase in the cost of care, which is passed to the consumer.

8. **The Office of Superintendent of Public Instruction certifies all SLPAs who work in the public school sector. All SLPAs are required to have a Master's degree and to receive education equivalent to that required for the CCC.**
9. **Registration of assistants could not include requirements for education or experience.** According to RCW 18.120.020, registration means a process by which the state maintains an official roster of names and addresses of the practitioners in a given profession. The roster can contain the location, nature and operation of the health care activity practiced and, if required, a description of the service provided. A registrant would be subject to the Uniform Disciplinary Act (UDA), Chapter 18.130 RCW, if a referral to the UDA is made in the credentialing statute.
10. **Assistants to school SLPAs will be required to work under supervision.** In the very near future WAC 392-172-200 (OSPI) will be promulgated requiring on-site supervision at least weekly during the time assistants are providing direct services to the student. Off-site locations will require at least monthly on-site supervision.

Recommendations

1. Speech language pathologists and audiologists should not be licensed by the Department of Health.

Rationale:

- a) The potential for physical harm is remote. There are some procedures completed in hospitals; however, hospitals have Quality Improvement Plans or Quality Assurance Programs in place and hospitals are responsible for those who practice under their auspices.
- b) The potential for psychological harm is no greater than from other non-regulated professions. The applicants did not prove that psychological harm would be eliminated by regulation.
- c) A profession should not be regulated just because other professions are. A profession should be regulated when the potential for harm is easily recognizable and *not* remote or dependent upon tenuous argument.
- d) There appears to be a very small number of persons (about 112-280) practicing this profession within the state that do not have the Certificate of Clinical Competency.
- e) Managed care is becoming the norm in Washington State. Under managed care speech-language pathologists and audiologists are scrutinized for competent practice by the organization. Also, under managed care referrals are made by primary care practitioners, therefore the public would not be seeking a speech-language pathologist or audiologist in the majority of instances.
- f) Early EPSDT and/or school screening will find children who need the services of SLPAs. These children will be referred to competent providers by the schools who are responsible for their referrals. Licensing would not improve the referral system.
- g) One-half of all speech-language pathologists and audiologists work for the Superintendent of Public Instruction and are already certified by that agency. These professionals have the same education as speech-language pathologists and audiologists with the CCC. They are not excluded from the bill and would be required to obtain a license with the Department of Health.
- h) Other institutions that use speech-language pathologists and audiologists must have some form of accreditation. These institutions are responsible for care given under their auspices.
- i) Licensure could result in a shortage of practitioners.
- j) Monetary savings on young children as stated in the applicant's report will also result from the screening processes named in #f above; therefore, the savings would be the same with or without licensure.

If, however, House Bill 2714 is considered for passage, the following recommendations should be considered:

2. Consider an advisory committee to the Secretary of the Department of Health instead of creating a separate board (Section 3).

Rationale: New boards have not been created for several years and are not in the best interest of the state. It is very time consuming and costly to have a board review applications for regulation, examinations, investigations, disciplinary actions, etc..

3. **Add more public members to the advisory committee.**

Rationale: One public member is a weak minority when endeavoring to balance professional interests and public interests.

4. **Exempt speech-language pathologists and audiologists who are certified by the Office of the Superintendent of Public Instruction from the bill (Section 18).**

Rationale: These practitioners have the same level of education and are certified by the OSPI. If there is no change in HB 2714, those who work for the OSPI will be required to have two credentials.

5. **Remove language in Section 5 that relates to dispensing of hearing aids.**

Rationale: A board exists for hearing aid fitters and dispensers. This section would create a conflict within the department.

6. **Remove conflicting language referring to "good moral character" in Section 8 (1)(a)(i) on line 8 and (2)(a)(i) on line 19.**

Rationale: There is no acceptable and objective definition of "good moral character".

7. **Change the words "state treasurer" to "department".**

Rationale: All fees are paid to the Department of Health.

8. **In Section 10, line 9, add a period after board and delete the remainder of the sentence.**

Rationale: The phrase is repeated in line 16 where it is more appropriate.

9. **In Section 13(2), line 11, the words "commonly accepted standards" are ambiguous and should be clarified in statute.**

Rationale: This section is the equivalent of a grandfather clause. The new advisory committee would be able to set standards that those already practicing could not meet unless further education was obtained.

10. **In Section 13(3) the inappropriate language for requirements and affidavits must be removed.**

Rationale: The process of registration is simply making a roster. According to RCW 18.120.020(13) requiring legal documents or other verification for registration goes beyond the legal definitions of "registration".

11. **In Section 15 there are numerous titles to describe speech-language pathologists (14) and audiologists (9).**

Rationale: The list should be shortened for clarity. If credentialing is to occur, protection of the 'esoteric' titles will not benefit the public and may cause more confusion. The common terms would be protected.

12. **In Section 16 the disciplinary authority under RCW 18.130 should be given to the secretary and the remaining language of the section should be deleted.**

Rationale: For advisory committees, the secretary of the department has the disciplinary authority.

13. **Exemptions in the title section should include employees of school districts who practice as school speech-language pathologists and audiologists.**

Rationale: The title for school SLPAs is too similar and potential problems could occur. In November, 1994 the Office of Superintendent of Public Instruction approved the title School Speech-Language Pathologist and Audiologist to replace the professional title of Communication Disorders Specialist and Audiologist Specialist.

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Appendix A

STATE REPRESENTATIVE
3rd DISTRICT
DENNIS A. DELLWO

State of
Washington
House of
Representatives



HEALTH CARE
CHAIR
APPROPRIATIONS
FINANCIAL INSTITUTIONS & INSURANCE

14 March 1994

Bruce Miyahara,
Secretary of Health
Department of Health
P.O. Box 47890
Olympia, Washington
98504-7890

RECEIVED
MAR 16 1994
DEPT. OF HEALTH
OFFICE OF THE SECRETARY

Dear Secretary Miyahara,

We would like to request of the department of Health and the board of Health a Sunrise review of House Bill 2714 under the procedures, policy guidelines, and definitions of the Sunrise law, Chapter 18.120 RCW.

The bill establishes a new regulatory program for audiologists, licensing the practice and creating a self-governing board. As you know, while audiologists sit as members of the Council on Hearing Aids and are regulated as hearing aid fitters and dispensers, they are not regulated as a distinct profession.

Beyond the Sunrise criteria, there may be other policy questions to consider as well, such as the governor's current policy on regulatory boards, and the uniform administrative provisions contained in Chapter 18.122 RCW, which you may wish to accord with the bill for facility in administering the program.

Thank you for your kind attention.

Sincerely,

A handwritten signature of Representative Dennis Dellwo, written in dark ink.

Representative Dennis Dellwo,
Chairman, House Committee on Health Care

HOUSE BILL 2714

State of Washington

53rd Legislature

1994 Regular Session

By Representatives Linville, King, Johanson, J. Kohl, Wood, Kremen, Scott, Jones, Kessler, Pruitt, Anderson, Grant, Caver, Dorn, Quall, Ogden, L. Johnson, Lemmon, Hansen, Mastin, Springer, L. Thomas, G. Cole, Valle, Zellinsky and Shin

Read first time 01/21/94. Referred to Committee on Health Care.

1 AN ACT Relating to regulating speech-language and hearing service;
2 adding a new chapter to Title 18 RCW; and providing an effective date.

3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

4 NEW SECTION. Sec. 1. In order to safeguard the public safety and
5 welfare, to protect the public from being misled by incompetent,
6 unethetical, and unauthorized persons, and to assure the highest degree
7 of professional conduct and competency, it is the purpose of this
8 chapter to strengthen existing regulation offering speech-language and
9 hearing service to the public.

10 NEW SECTION. Sec. 2: Unless the context requires otherwise, the
11 definitions in this section apply throughout this chapter:

12 (1) "Board" means the board of speech-language pathology and
13 audiology created by this chapter.

14 (2) "Department" means the department of health.

15 (3) "Secretary" means the secretary of health.

16 (4) "Speech-language pathology" means the application of
principles, methods, and procedures related to the development and
18 disorders, whether of organic or nonorganic origin, that impede oral,

1 pharyngeal, or laryngeal sensorimotor competencies, and the normal
2 process of human communication including, but not limited to, disorders
3 and related disorders of speech, articulation, fluency, voice, verbal
4 and written language, auditory comprehension, cognition/communication,
5 and the application of augmentative communication treatment and devices
6 for treatment of such disorders.

7 (5) "Audiology" means the application of principles, methods, and
8 procedures related to hearing and the disorders of hearing and to
9 related language and speech disorders, whether of organic or nonorganic
10 origin, peripheral or central, that impede the normal process of human
11 communication including, but not limited to disorders of auditory
12 sensitivity, acuity, function, processing, or vestibular function, and
13 the application of aural habilitation, rehabilitation, and appropriate
14 devices, and cerumen management to treat such disorders.

15 (6) "Speech-language pathologist" means a person who engages in the
16 practice of speech-language pathology and who meets the qualifications
17 in this chapter.

18 (7) "Audiologist" means a person who engages in the practice of
19 audiology and who meets the qualifications in this chapter.

20 (8) "Authorized health care practitioner" includes licensed
21 physicians, osteopathic physicians, chiropractors, naturopaths,
22 physical therapists, and occupational therapists.

23 (9) "Speech-language pathologist assistant" means a person who
24 practices under the direction and supervision of a licensed speech-
25 language pathologist and who meets the minimum qualifications in this
26 chapter.

27 (10) "Audiologist assistant" means a person who practices under the
28 direction and supervision of a licensed audiologist and who meets the
29 minimum qualifications in this chapter.

30 NEW SECTION. Sec. 3. The state board of speech-language pathology
31 and audiology is created. The board shall consist of seven members who
32 shall be appointed by the governor. Of the initial appointments, two
33 shall be appointed for a term of two years, two for a term of three
34 years, and one for a term of four years. Thereafter, all appointments
35 shall be for terms of four years. Three members of the board shall be
36 speech-language pathologists licensed under this chapter and residing
37 in this state, shall have at least five years' experience in the
38 practice of speech pathology, and shall be actively engaged in practice

1 within two years of appointment. Three members of the board shall be
2 audiologists licensed under this chapter and residing in this state,
3 shall have at least five years' experience in the practice of
4 audiology, and must be actively engaged in practice within two years of
5 appointment. The seventh member shall be appointed from the public at
6 large, shall be a resident of this state, shall have an interest in the
7 rights of consumers of health services, and shall not be or have been
8 a member of another licensing board, a licensee of a health occupation
9 board, an employee of a health facility, nor derive his or her primary
10 livelihood from the provision of health services at any level of
11 responsibility. In making the appointments of speech-language
12 pathologists and audiologists to the board, the governor shall consult
13 with the appropriate professional associations. The appointments shall
14 be made to reflect different practice settings. In the event that a
15 member of the board, for any reason, cannot complete his or her term of
16 office, the governor shall make another appointment in accordance with
17 the appointment procedure in this section to fill the remainder of the
18 term. No member may serve for more than two successive four-year
19 terms. In making appointments to the board, the governor shall
20 consider the need for geographic, ethnic, and cultural diversity.

The board may appoint an advisory committee of five members to give
22 advice on matters affecting assistants regulated by this chapter.
23 Three of the advisory committee members shall be speech-language
24 pathologist assistants; the remaining members shall be audiologist
25 assistants. In making appointments to the advisory committee, the
26 board shall consider the need for geographic, ethnic, and cultural
27 diversity.

28 The secretary of health shall furnish secretarial, clerical, and
29 other assistance as the board may require. Each member of the board
30 shall, in addition to travel expenses in accordance with RCW 43.03.050
31 and 43.03.060, be compensated in accordance with RCW 43.03.240.

2 NEW SECTION. Sec. 4. The board has the following powers and
3 duties:

4 (1) To supervise the administration of examinations to applicants
5 for licensure or registration under this chapter;

6 (2) To pass upon the qualifications of applicants for licensure or
registration and to certify to the secretary qualified applicants;

1 (3) To make rules necessary or proper to carry out the purposes of
2 this chapter;

3 (4) To establish and administer requirements for continuing
4 competency. The board may establish continuing competency requirements
5 as a prerequisite to renewing a license under this chapter;

6 (5) To keep an official record of all its proceedings. The record
7 is evidence of all proceedings of the board that are set forth in the
8 record;

9 (6) To adopt standards for duties, roles, and responsibilities of
10 supportive personnel to speech-language pathologists and audiologists,
11 including but not limited to the ratio of speech-language pathologists
12 and audiologists to supervised supportive personnel and the frequency,
13 duration, and documentation of supervision;

14 (7) To adopt rules, if the board finds it appropriate, in response
15 to questions put to it by professional health associations, speech-
16 language pathologists, audiologists, speech-language pathologist
17 assistants, audiologist assistants, and consumers in this state
18 concerning the authority of speech-language pathologists and
19 audiologists to perform particular acts.

20 NEW SECTION. Sec. 5. The board shall adopt rules relating to
21 standards for appropriateness of speech-language pathology and
22 audiology care, including dispensing of hearing aids and other devices
23 by audiologists and communication devices by speech-language
24 pathologists. Violation of the standards adopted by rule under this
25 section is unprofessional conduct under this chapter and chapter 18.130
26 RCW.

27 NEW SECTION. Sec. 6. The board shall elect from its members a
28 chair and vice-chair/secretary, who shall serve for one year and until
29 their successors are elected. The chair shall rotate among the speech-
30 language pathologists, audiologists, and consumer serving on the board.
31 The board shall meet at least once a year and upon the call of the
32 chair at times and places as the chair designates. Four members
33 constitute a quorum of the full board for the transaction of business.
34 A quorum must also include a speech-language pathologist and an
35 audiologist. Meetings of the board shall be open and public, except
36 the board may hold executive sessions to the extent permitted by
37 chapter 42.30 RCW.

1 NEW SECTION. Sec. 7. The uniform disciplinary act, chapter 18.130
2 RCW, governs unregulated practice, the issuance and denial of licenses
3 and registrations, and the discipline of persons regulated under this
4 chapter.

5 NEW SECTION. Sec. 8. (1)(a) An applicant for a license as a
6 speech-language pathologist or audiologist must have the following
7 minimum qualifications:

8 (i) Be of good moral character;

9 (ii) Have a master's degree or the equivalent from a program at a
10 board-approved institution of higher learning, which includes
11 completion of a supervised clinical practicum experience; and

12 (iii) Complete a postgraduate professional work experience approved
13 by the board.

14 (b) The applicant shall present proof of qualifications to the
15 board in the manner and on forms prescribed by the board.

16 (2)(a) An applicant for registration as a speech-language
17 pathologist assistant or audiologist assistant must have the following
18 minimum qualifications:

19 (i) Be of good moral character;

20 (ii) Be a graduate of an educational program that is approved by
21 the board; and

22 (iii) Have appropriate clinical experience that has been approved
23 by the board.

24 (b) The applicant shall present proof of qualifications to the
25 board in the manner and on forms prescribed by the board.

26 (3) At the time of applying, the applicant shall pay to the state
27 treasurer a fee determined by the secretary as provided in RCW
28 43.70.250.

29 NEW SECTION. Sec. 9. (1) The department, upon approval by the
30 board, shall issue an interim permit authorizing an applicant for
31 licensure who meets the minimum qualifications stated in section
32 8(1)(a)(i) and (ii) of this act to practice under supervision pending
33 notification of the results of the first licensure examination for
34 which the applicant is eligible.

35 (2) For purposes of this section "supervision" means supervision of
36 a holder of an interim permit by a licensed speech-language pathologist
37 or audiologist. Supervision shall include, but not be limited to,

1 licensure in Washington or in another state, territory, or the District
2 of Columbia;

3 (c) For persons licensed after December 31, 1999, demonstrates
4 proof of having earned a two-year associate's degree or a degree from
5 an alternative educational program as defined by the board;

6 (d) Is at least twenty-one years of age; and

7 (e) Has not committed unprofessional conduct as specified by the
8 uniform disciplinary act.

9 The applicant must present proof of qualifications to the board in
10 the manner and on forms prescribed by the board and proof of completion
11 of a minimum of four clock hours of AIDS education and training per
12 rules adopted by the board.

13 (2) An applicant for a license as a speech-language pathologist or
14 audiologist must have the following minimum qualifications:

15 (a) Has not committed unprofessional conduct as specified by the
16 uniform disciplinary act;

17 (b) Has a master's degree or the equivalent from a program at a
18 board-approved institution of higher learning, which includes
19 completion of a supervised clinical practicum experience as defined by
20 rules adopted by the board; and

21 (c) Has completed postgraduate professional work experience
22 approved by the board.

23 All qualified applicants must satisfactorily complete the speech-
24 language pathology or audiology examination required by this chapter.

25 The applicant must present proof of qualifications to the board in
26 the manner and on forms prescribed by the board and proof of completion
27 of a minimum of four clock hours of AIDS education and training per
28 rules adopted by the board.

29 (3) An applicant for registration as a speech-language pathologist
30 assistant or audiologist assistant must have the following minimum
31 qualifications:

32 (a) Has not committed unprofessional conduct as specified by the
33 uniform disciplinary act;

34 (b) Is a graduate of an educational program that is approved by the
35 board as defined by rules adopted by the board; and

36 (c) Has appropriate clinical experience that has been approved by
37 the board.

38 The applicant must present proof of qualifications to the board in
39 the manner and on forms prescribed by the board and proof of completion

1 of a minimum of four clock hours of AIDS education and training per
2 rules adopted by the board.

3 Sec. 5. RCW 18.35.050 and 1993 c 313 s 2 are each amended to read
4 as follows:

5 Except as otherwise provided in this chapter an applicant for
6 license shall appear at a time and place and before such persons as the
7 department may designate to be examined by written ~~((and))~~ or practical
8 tests, or both. ~~((The department shall give an examination in May and~~
9 ~~November of each year.))~~ Examinations shall be held within the state at
10 least twice a year. The examination shall be reviewed annually by the
11 board and the department, and revised as necessary. ~~((No examination~~
12 ~~of any established association may be used as the exclusive replacement~~
13 ~~for the examination unless approved by the board.))~~ The examinations
14 shall include appropriate subject matter to ensure the competence of
15 the applicant. Nationally recognized examinations in the fields of
16 fitting and dispensing of hearing instruments, speech-language
17 pathology, and audiology may be used to determine if applicants are
18 qualified for licensure. An applicant who fails an examination may
19 apply for reexamination upon payment of a reexamination fee. The
20 reexamination fee shall be set by the secretary under RCW 43.70.250.

21 Sec. 6. RCW 18.35.060 and 1993 c 313 s 3 are each amended to read
22 as follows:

23 (1) The department shall issue a ~~((trainee license))~~ hearing
24 instrument fitting/dispensing permit to any applicant who has shown to
25 the satisfaction of the department that the applicant:

26 (a) ~~((The applicant))~~ Is at least ((eighteen)) twenty-one years of
27 age;

28 (b) If issued a ~~((trainee license))~~ fitter/dispenser permit, would
29 be employed and directly supervised in the fitting and dispensing of
30 hearing ~~((aids))~~ instruments by a person licensed in good standing as
31 a ~~((fitter-dispenser))~~ hearing instrument fitter/dispenser or
32 audiologist for at least ~~((one year))~~ two years unless otherwise
33 approved by the board; ~~((and))~~

34 (c) Has paid an application fee determined by the secretary as
35 provided in RCW 43.70.250, to the department;

36 (d) Has not committed unprofessional conduct as specified by the
37 uniform disciplinary act; and

1 three years and who has not continuously engaged in lawful practice in
2 another state or territory, or waive reexamination in favor of evidence
3 of continuing education satisfactory to the board.

4 (2) A person licensed under this chapter and not actively
5 practicing either speech-language pathology or audiology may be placed
6 on inactive status by the department at the written request of the
7 licensee. The board shall define by rule the conditions for inactive
8 status licensure. In addition to the requirements of RCW 43.24.086,
9 the licensing fee for a licensee on inactive status shall be directly
10 related to the costs of administering an inactive license by the
11 department. A person on inactive status may be voluntarily placed on
12 active status by notifying the department in writing, paying the
13 remainder of the licensing for the licensing year, and complying with
14 subsection (3) of this section.

15 (3) Inactive licensees applying for active licensure shall comply
16 with requirements set forth by the board, which may include completion
17 of continuing competency requirements or taking an examination.
18 Persons who have inactive status in this state but who are actively
19 licensed and in good standing in another state are not required to meet
20 continuing competency requirements or to take the practical
21 examinations.

22 NEW SECTION. Sec. 15. (1) A person who is not licensed with the
23 secretary as a speech-language pathologist under the requirements of
24 this chapter shall ~~not~~ represent himself or herself as being so
25 licensed and shall not use in connection with his or her name the words
26 including "speech pathologist," "language pathologist," "speech
27 therapist," "language therapist," "speech correctionist," "language
28 correctionist," "speech clinician," "language clinician," "voice
29 pathologist," "logopedist," "communicologist," "aphasiologist,"
30 "communication disorders specialist," or "phoniatrist" or a variation,
31 synonym, word, sign, number, insignia, coinage, or whatever expresses,
32 employs, or implies these terms, names, or functions as a speech-
33 language pathologist.

34 (2) A person who is not licensed with the secretary as an
35 audiologist under the requirements of this chapter shall not represent
36 himself or herself as being so licensed and shall not use in connection
37 with his or her name the words "audiologist," "audiometrist," "hearing
38 therapist," "hearing clinician," "hearing aid audiologist,"

1 "educational audiologist," "audio prosthologist," "audiometric
2 technician," "auditory integration specialist," or a variation,
3 synonym, letter, word, sign, number, insignia, coinage, or whatever
expresses, employs, or implies these terms, names, or functions of an
5 audiologist.

6 (3) A person who is not registered as a speech-language pathologist
7 assistant or an audiologist assistant may not use any term, including
8 those specified in subsections (1) and (2) of this section to represent
9 that he or she is registered to undertake the duties of such
10 assistants.

11 (4) No person may practice speech-language pathology or audiology
12 without first having a valid license.

13 (5) Nothing in this chapter prohibits a person licensed in this
14 state under another act from engaging in the practice for which he or
15 she is licensed.

16 (6) It is the duty of the prosecuting attorney of each county to
17 prosecute all cases involving a violation of this chapter arising
18 within his or her county. The attorney general may assist in the
19 prosecution and shall appear at all hearings if requested to do so by
20 the board.

21 NEW SECTION. Sec. 16. If a person violates the provisions of this
22 chapter, the attorney general, prosecuting attorney, secretary, board,
23 or a citizen of the state, may maintain an action in the name of the
24 state to enjoin the person from practicing or holding himself or
25 herself out as practicing speech-language pathology or audiology. The
26 injunction does not relieve criminal prosecution but the remedy by
27 injunction is in addition to the liability of the offender for criminal
28 prosecution and the suspension or revocation of his or her license.

29 NEW SECTION. Sec. 17. The secretary shall keep a record of
30 proceedings under this chapter and register of all persons licensed and
31 registered under this chapter. The register shall show the name of
32 every living licensed speech-language pathologist and audiologist, and
33 every registered speech-language pathologist assistant and audiologist
34 assistant, with his or her last known place of residence and the date
35 and number of his or her license or registration.

6 NEW SECTION. Sec. 18. This chapter does not prohibit or regulate:

1 (1) The practice of speech-language pathology or audiology by
2 students enrolled in approved institutions of higher learning as may be
3 incidental to their course of study so long as such activities do not
4 go beyond the scope of practice defined by this chapter;

5 (2) The practice of speech-language pathology or audiology by
6 regulated speech-language pathologists or audiologists of other states
7 or countries while appearing as clinicians of bona fide educational
8 seminars sponsored by speech-language pathology, audiology, medical, or
9 other healing art professional associations so long as such activities
10 do not go beyond the scope of practice defined by this chapter;

11 (3) The practice of speech-language pathology or audiology in the
12 armed services or by an employee of another branch of the federal
13 government.

14 NEW SECTION. Sec. 19. The board shall adopt rules under chapter
15 34.05 RCW for the administration of this chapter.

16 NEW SECTION. Sec. 20. If any provision of this act or its
17 application to any person or circumstance is held invalid, the
18 remainder of the act or the application of the provision to other
19 persons or circumstances is not affected.

20 NEW SECTION. Sec. 21. Sections 1 through 20 of this act shall
21 constitute a new chapter in Title 18 RCW.

22 NEW SECTION. Sec. 22. Section 15 of this act shall take effect on
23 July 1, 1996.

--- END ---

Appendix B

DRAFT REGULATIONS: The following new sections of special education regulations are scheduled for public hearing on August 23, 1995 at the Old Capitol Building, Olympia.

Bolding in added to this draft for attention.

STAFF QUALIFICATIONS

WAC 392-172-200 Staff qualifications. All employees of a school district or other public agency funded in whole or part with state or federal special education excess cost funds shall be qualified as follows (except as provided for in subsection (4) of this section) :

(1) All employees shall hold such credentials, certificates or permits as are now or hereafter required by the state board of education for the particular position of employment and shall meet such supplemental standards as may be established by the school district or other public agency of employment. Supplemental standards established by a district or other public agency may exceed, but not be less than, those established by this section.

(2) In addition to the requirement of subsection (1) of this section, all teachers shall possess "substantial professional training" and support personnel shall meet standards established under the educational staff associate rules of the state board of education, as now or hereafter amended. A teacher of special education must hold a valid general teaching certificate for the appropriate level(s). The school district or other public agency is responsible for determining whether or not the teacher has adequate preparation to provide special education services. "Substantial professional training" as used in this section shall mean and be evidenced by either an appropriate special education endorsement or recommended placement upon the teaching certificate of an employee issued by the superintendent of public instruction. If the teacher does not have a certificate endorsed in special education, the teacher of special education must hold a valid general teaching certificate for the appropriate level(s), and the school district or other public agency is responsible for determining whether or not the teacher has adequate preparation in special education to teach such classes. Coursework focused on the essential areas of study and credits required for endorsement by the state board of education special education are required.

(3) Classified staff shall present evidence of either formal and/or adequate in-service training or successful experience in working with special education students. The office of superintendent of public instruction, through the special education comprehensive system of personnel development, shall identify the minimum competencies classified staff must possess and develop in-service training strategies to meet staff needs.

(4) General education classroom personnel providing specially designed instruction pursuant to a properly formulated individual education program may be paid from state special education excess cost funds if the district has in place a cost allocation plan which meets the requirements established by the superintendent of public instruction.

WAC 392-172-174 Continuum of alternative service delivery options. A continuum of alternative service delivery options shall be made available as necessary to meet the needs of special education students including special education and related services in: general classes, special classes, special schools, home, hospitals, institutions, and instruction in other settings, and shall provide for supplementary services in conjunction with the general education classroom.

Specially designed instruction shall be provided as follows:

(1) Provided directly by certificated special education personnel or by general certificated teachers and/or classified instructional staff who are under the direct supervision of the general certificated teacher. For the purposes of this section, direct supervision includes observation of classified instructional staff at least weekly, during the time they are providing direct services to the student. Direct supervision of classified instructional staff providing related services, including services at off-site locations, shall occur at least monthly.

(2) Provided directly by certificated special education personnel or by classified instructional staff who are under the direct supervision of the certificated special education personnel including classified instructional staff who are performing individual or small group—six students or less—instructional and/or training activities pursuant to specific directives provided by the certificated special education personnel.

If the specially designed instruction is not delivered directly by certified special education personnel, it must be designed, monitored, and evaluated by certificated special education personnel pursuant to a written plan which shall include at least a monthly evaluation of student progress toward specific written individualized education program objectives.

Appendix C

Characteristics of State Licensure Laws

State, Effective Date, Licensing Agency and Special Features	Fees	Eligibility/Renewal Requirements	Interim Practice	Reciprocity	Exclusions or Exemptions*
Alabama ¹ 1975 Board of Examiners for Speech Pathology and Audiology PO Box 20833, Montgomery 36120 205/269-1434	Application \$50 Initial license \$50 Renewal \$50 Late renewal \$5/month Inactive \$25 CFY registration \$50 Annual renewal	Coursework equivalent to master's degree, 300 hour supervised practicum, graduation from accredited institution. Continuing education requirements: 10 hours every year. Audiologists may dispense hearing aids under audiology license. ✓ Assistants must be registered.	If ASHA certified or if licensed in another state with equivalent standards, may practice while application is pending. Persons beginning postgraduate professional experience must be registered by the Board.	May waive all requirements except fees if ASHA- certified or may waive exam if licensed by a state with equivalent standards. May use ASHA or another state license as evidence of meeting specific licensure requirements.	Exclusions or Exemptions: Persons credentialed by Department of Education students; physicians and their employees/ supervisors; hearing aid dealers; federal employ
Alaska ² 1986 Regulates audiology but not speech-language pathology. Division of Occupational Licensing PO Box 110806 Juneau 99811-0806 907/465-2695	Application \$150 Initial license \$190 Renewal \$190 Late renewal \$240 Temporary license \$20 Biennial renewal	Master's degree or doctorate; graduation from accredited school; CCC in audiology from ASHA or equivalent. No continuing education requirement. Audiologists may dispense hearing aids under audiology license.	Temporary license may be issued to non-residents whose applications are pending. May practice for 30 days provided such persons are licensed by another state with equivalent standards.	May use ASHA CCC to meet qualifications for licensure.	Physicians; industrial hearing testers; universi- ty personnel who teach audiology; students; nu- merous performing sensitivity evaluations; teachers of deaf; federal employees; and hearing aid dealer.
Arkansas 1975 Board of Examiners for Speech Pathology and Audiology 101 East Capitol Suite 211 Little Rock 72201 501/682-9180	Application \$50 Initial license \$40 Renewal \$40 Late renewal \$20 per month not to exceed \$80. Annual renewal	Master's degree or equivalent, 375 hour supervised practicum, graduation from school recognized by board. Continuing education requirements: 12 hours every year; 18 hours for dual certification. Audiologists may dispense hearing aids under audiology license.	If ASHA-certified or CFY applicant, may practice while application is pending. Persons beginning postgraduate professional experience must have provisional license issued by the Board.	May waive exam if ASHA- certified or if licensed by a state with equivalent standards. May use ASHA CCC or another state license as evidence of meeting specific licensure requirements.	Persons credentialed by Department of Education: students; physicians; state government employees employed on 1-1-93; teachers of the deaf; nurses, students; hearing aid dealers.
California ¹ 1974 Speech Language Pathology and Audiology Examining Committee 1434 Howe Ave Ste. 86 Sacramento 95825-3240 916/263-2666	Application \$35 Initial license \$25 Fingerprint fee \$32 Renewal \$75 Late renewal \$100 Aide registration \$10 Biennial renewal	Master's degree or equivalent; 275 hour supervised practicum; graduation from institution approved by Committee. No continuing education requirement. Dispensing audiologists must have hearing aid dealer license but are exempt from on-the-job training requirement. ✓ Aides must be registered.	With committee approval, may practice for 150 days if currently licensed by another state or ASHA- certified. Persons beginning postgraduate professional experience must secure Committee approval of plan.	Exam may be waived for applicants who have previously completed the exam and who hold current CCC or licensure from another state and who have been practicing continuously within the previous 3 years.	Persons employed by public schools preschool-12; students; teachers of the deaf; nurses; persons fulfilling postgraduate profession experience requirements physicians and employee only for hearing testing, federal employees; hear aid dealers.

* Persons listed may be exempted for certain specific activities

1 Supportive personnel are regulated.

2 All speech-language pathologists and/or audiologists must be licensed regardless of employment setting.

1 Has no board

2 Regulations currently being revised to correspond with ASHA requirements

Characteristics of State Licensure Laws

State, Effective Date, Licensing Agency and Special Features	Fees	Eligibility/Renewal Requirements	Interim Practice	Reciprocity	Exclusions or Exemptions*
Hawaii ² 1974 Board of Speech Pathology and Audiology Department of Commerce and Consumer Affairs Box 3469 Honolulu 96801 808/586-2702	Application \$25 License \$50 Renewal \$50 Late renewal \$5/month Biennial renewal	Master's degree or equivalent; 375 hour supervised practicum; graduation from institution recognized by Board; eligibility for ASHA CCC; state jurisprudence exam. No continuing education requirement. Dispensing audiologists must have hearing aid dealer's licenses.	If ASHA-certified, or licensed in another state with equivalent standards, may practice for 90 days while application is pending.	May waive exam if ASHA- certified. May use ASHA CCC or another state license as evidence of meeting specific licensure requirements.	Students; trainees; physicians; federal employees; hearing aid dealers; persons fulfill- ing postgraduate profes- sion requirement.
Illinois ¹ 1989 Board of Speech-Language Pathology and Audiology Department of Professional Regulation 320 West Washington 3rd Floor Springfield 62786 217/785-0800	Application \$90 Endorsement \$100 Renewal \$100 Late renewal \$10 Biennial renewal	Master's degree; 300 hour supervised practicum; graduation from approved school. No continuing education requirement. Dispensing audiologists must have hearing aid dealer's licenses.	No provision	May waive exam if ASHA- certified or if licensed in another state with equivalent standards. May use ASHA CCC or license from another state with equivalent standards as evidence of meeting specific licensure requirements.	Students; persons fulfill- ing postgraduate profes- sion requirement; industrial audiometric technicians; Departmen- t of Health hearing screen- ers; hearing aid dealers; physicians.
Indiana ¹ 1977 Speech-Language Pathology Board 402 W. Washington Street Indianapolis 46204 317/233-4407	Application \$25 License \$20 Renewal \$20 Late renewal \$10 Aide license \$15 Renewal \$10 CFY registration \$10 Biennial renewal	Master's degree or equivalent; 300 hour supervised practicum; graduation from institution recognized by Board; state jurisprudence exam. Continuing education requirement: 36 clock hours in 2 years Audiologists may dispense hearing aids under audiology license. ✓ Aides are registered.	No provision Persons beginning required postgraduate professional experience must register with the Board.	May use ASHA CCC as evidence of meeting specific licensure requirements.	Persons credentialed by Department of Education hearing screeners; physicians and their employees/supervisors; federal employees; students; hearing aid dealers; teachers of the deaf working in public schools; industrial hear- ing testers.
Iowa ¹ 1977 Board of Speech-Language Pathology & Audiology Lucas State Office Bldg. 4th Floor Des Moines 50319-0075 515/281-4408	License \$105 Renewal \$80 Late renewal \$40 Temporary license \$65 Renewal \$40 Temporary permit \$25 Biennial renewal	Master's degree or equivalent; 300 hour supervised practicum; graduation from accredited institution. Continuing education requirement: 30 hours every 2 years. Dispensing audiologists must have hearing aid dealer's license but exempt from on-the-job training requirement. ✓ Assistants must be registered.	Nonresidents from states with equivalent standards may practice 90 days with temporary permit. Persons beginning postgraduate professional experience must apply for a temporary license.	May waive exam if ASHA- certified after 1/1/77 or if licensed by a state with equivalent standards. May use ASHA CCC or another state license as evidence of meeting specific licensure requirements.	Persons certified by the Department of Education physicians and their employees/supervisors; hearing aid dealers; students; industrial audiometric technician; and other hearing screeners; teachers of deaf.

* Persons listed may be exempted for certain specific activities.

1 Supportive personnel are regulated.

2 All speech-language pathologists and/or audiologists must be licensed regardless of employment setting.

3 Has no board.

4 Regulations currently being revised to correspond with ASHA requirements.

Characteristics of State Licensure Laws

State, Effective Date, Licensing Agency and Special Features	Fees	Eligibility/Renewal Requirements	Interim Practice	Reciprocity	Exclusions or Exemptions*
Kansas ^{1,2} 1991 Kansas Dept. of Health & Environment Division of Occupations Licensing Unit 3100 1000B W 9th St. Topeka 66612-2218 785-296-0056	License \$135 Renewal \$135 Late Renewal \$50 Reinstatement \$135 Temporary License \$65 Biennial renewal	Master's degree or equivalent; 375 hour supervised practicum; graduation from institution with standards consistent with KS. Continuing Education Requirement: 20 clock hours every 2 years for those who hold 1-license. 30 clock hours every 2 years for dual licensure.	No provision Persons beginning postgraduate professional experience must obtain a temporary license.	May use ASHA CCC as evidence of meeting specific licensure requirements.	Federal employees; teachers of the deaf; licensed hearing aid dealers; physicians & their employees & supervisees; students; nurses.
Kentucky ¹ 1972 Kentucky Board of Examiners of Audiologists and Speech Pathologists c/o 456 Fort 40602-G456 Frankfort 40602-456	Application \$25 License \$50 Renewal \$25 Late renewal \$30 Annual renewal	Master's degree or equivalent; 300 hour supervised practicum; graduation from accredited institution. Continuing education requirement: 15 hours every year; 25 hours every year for dual licensure. Dispensing audiologists must have hearing aid dealer's licenses but are exempt from on-the-job training. ✓ Speech-language pathology aides working in schools must be licensed.	If application submitted to board shows all qualifications are met, may practice pending disposition of application. Persons completing postgraduate professional experience must have interim license.	May waive exam if ASHA-certified or if licensed by a state with equivalent standards. May use ASHA CCC as evidence of meeting specific licensure requirements.	Persons holding current credential from KY Dept. of Ed.; physicians and their employees/supervisees including nurses; hearing aid dealers; students; federal employees.
Louisiana ^{1,2} 1972 Louisiana Board of Examiners for Audiology & Speech Pathology c/o 355 Baton Rouge 70769 504-383-3139	License \$50 Renewal \$35 Late Fee \$50 Annual renewal	Master's degree or equivalent; 300 hour supervised practicum; graduation from accredited institution. No continuing education requirement. Dispensing audiologists must have hearing aid dealer's licenses. Rules require supervision of aides.	Applicant may practice up to 60 days while application is pending. Persons fulfilling postgraduate professional experience must have restricted license.	May waive exam if ASHA-certified or if licensed by a state with equivalent standards.	Physicians and their employees/supervisees; hearing aid dealers; students; federal employees; aides.
Maine ¹ 1976 Maine Board of Examiners on Audiology and Speech Pathology Division of Licensing and Certification House Station 35 Portland 04133 207-872-8723	Application \$25 License \$90 Renewal \$140 Late fee \$10 Aide \$25 Biennial renewal	Master's degree or equivalent; 275 hour supervised practicum; graduation from accredited program. Continuing education requirement: 50 hours every 2 years. Dispensing audiologists must have hearing aid dealer's licenses. ✓ SLP Aides must be registered.	If ASHA-certified or if licensed by another state with equivalent standards, may practice pending disposition of application. Persons beginning postgraduate professional experience must have a temporary license.	May waive exam if ASHA-certified or if licensed by another state with equivalent standards. May use ASHA CCC or another state license as evidence of meeting specific licensure requirements.	Physicians; persons holding a current credential from the Department of Education; students; hearing aid dealers; federal & state employees.

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Characteristics of State Licensure Laws

State, Effective Date, Licensing Agency and Special Features	Fees	Eligibility/Renewal Requirements	Interim Practice	Reciprocity	Exclusions or Exemptions*
Maryland 1972 Board of Examiners for Audiologists Hearing Aid Dispensers, and Speech-Language Pathologists 4201 Patterson Avenue 3rd Floor Baltimore 21215-2299 410/764-4725	Application \$150 Renewal \$200 Late Fee \$50 Reinstatement \$100 Limited License \$100 Renewal \$25 SLPs also pay a \$64 surcharge to fund Health Access and Cost Commission Biennial renewal	Master's degree or equivalent; 375 clock hour supervised practicum; graduation from ESB accredited program. Continuing education requirement: 20 hours every 2 years; duly licensed must take 30 hours every 2 years. Audiologists may dispense hearing aids under audiology license.	May practice while application is pending if licensed in another state with equivalent standards. Persons beginning postgraduate professional experience must have a limited license.	If ASHA-certified or licensed by state with equiv. standards may waive exam if taken within past 5 yrs; or applicant must have practiced 3 out of last 5 yrs; or complete refresher course and/or period of sup. practice. May use ASHA CCC or another state license as evidence of meeting specific licensure requirements.	Federal employees; secret language paraprofessionals employed by public schools, state-approved non-public schools, chartered educational institutions or Department of Education; students physicians & their employees/supervisors volunteers working in speech & hearing screening programs.
Massachusetts ^{1,2,4} 1983 Board of Registration for Speech-Language Pathology and Audiology 100 Cambridge St. Rm 1513 Boston 02202 617/772-1747	Application \$25 License \$25 Renewal \$25 Late renewal \$25 Biennial renewal State is considering continuing education.	Bachelor's degree AND master's degree or equivalent; 300 hour supervised practicum; graduation from ESB accredited program. No continuing education requirements. Audiologists may dispense hearing aids under audiology license; hearing aid dealers are not regulated. Guidelines for use of support personnel.	Must practice under supervision as stipulated by the Board. Persons beginning postgraduate professional experience must register with the Board.	May waive exam if ASHA-certified or if licensed by a state with equivalent standards. May use ASHA CCC as evidence of meeting specific licensure requirements.	Physicians and their employees/supervisors nurses; industrial audiometric technicians teachers of the deaf; teachers of esophageal speech; students; hearing aid dealers.
Minnesota ¹ 1991 Health Occupations Program Department of Health 121 E Seventh Place PO Box 64975 St. Paul 55164-0975 612/282-5629 Regulates by registration, not by licensure. (Advisory Council eliminated in 1994 but will probably be re-created in 1995.)	Application \$80 Renewal \$80 Annual Surcharge \$21 (to be discontinued 2-11-96) Late Renewal \$15 Annual renewal	Master's or doctorate; 375 hour supervised practicum; graduation from ESB accredited program. Continuing education requirements: 30 hours every two years. Dispensing audiologists must have hearing aid dealer's license but exempt from some fees.	Practice is permitted because registration does not prohibit practice, it restricts use of certain titles.	May waive exam if ASHA certified or if licensed by a state with equivalent standards. May use ASHA CCC or another state license as evidence of meeting specific licensure requirements.	Persons licensed by the Board of Teaching practicing within scope of license; federal employees
Mississippi ¹ 1975 Council of Advisors in Speech Pathology & Audiology Department of Health Professional Licensure PO Box 1700 Jackson 39215-1700 601/987-4153	License \$50 Renewal \$50 Late Fee \$25 Reinstatement \$60 Aide Registration \$25 Renewal \$25 Annual renewal	Master's degree; graduation from ESB accredited program. Continuing education requirement: 10 hours every year. Dispensing audiologists must have hearing aid dealer's licenses but exempt from on-the-job-training.	Persons beginning postgraduate professional experience need a temporary license.	May waive exam if ASHA-certified or if licensed by a state with equivalent standards. May use ASHA CCC or another state license as evidence of meeting specific licensure requirements.	Public and private school employees; physicians and employees and supervisors; hearing aid dealers; federal employees; industrial audiometric technicians and students; nurses; teachers of the deaf.

✓ Aides must be registered.

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Characteristics of State Licensure Laws

Effective Date, Issuing Agency and Special Features	Fees	Eligibility/Renewal Requirements	Interim Practice	Reciprocity	Exclusions or Exemptions*
Missouri ^{1,2} 1973 Commission of Professional Speech Pathologists and Audiologists 1600 North Highway 44 St. Louis 63102 (314) 425-1144	Initial license \$50 Renewal \$25 Late fee \$25 Aide registration \$25 Renewal \$10 Annual renewal	Master's or doctorate; 375 hour supervised practicum; graduation from ESB accredited program. No continuing education requirement. Dispensing audiologists must have hearing aid dealer's licenses. ✓ Aides must be registered.	May practice while application is pending if licensed by another state.	May waive exam if ASHA-certified. May use ASHA CCC as evidence of meeting specific licensure requirements.	Government employees; persons employed in schools; students; persons fulfilling the postgraduate professional experience requirement; physicians; industrial audiometric technicians; teachers of the deaf; students; hearing aid dealers.
Montana ^{1,2} 1975 Department of Speech- Language Pathology & Audiologists of Professional Education Jackson 59620-0513 (406) 329-3091	License \$65 Renewal \$20 Late Fee \$2.50/month Aide registration \$20 Late Fee \$10 Annual renewal	Master's degree; 375 hour supervised practicum; graduation from ESB accredited program. Continuing education requirement: 40 hours every 2 years, 50 hours every 2 years for dual licensure. Dispensing audiologists must have hearing aid dealer's licenses but exempt from on-the-job training. ✓ Aides must be registered.	May practice 30 days while application is pending. Persons beginning postgraduate professional experience must have a probationary license.	May waive exam if ASHA- certified or if licensed by a state with equivalent standards. May use ASHA CCC or another state license as evidence of meeting specific licensure requirements.	Students; federal employees; teachers of the deaf; hearing aid dealers.
Nebraska ^{1,4} 1978 Department of Speech & Hearing Pathology Lincoln 68509-5007 (402) 471-2115	License \$201 Biennial Renewal \$217 Late fee \$242 Temporary license: \$35 Assistant registration \$51 Annual Renewal \$51	Master's degree or equivalent from ESB accredited program. Continuing education requirement: 20 hours every 2 years. Dispensing audiologists must have hearing aid dealer's licenses. ✓ Communication Assistants must be registered.	Temporary license issued to persons who meet all requirements except taking the exam; expires at time of next exam.	May waive requirements except fees if ASHA- certified or if licensed by a state with equivalent standards. May use ASHA CCC or another state license as evidence of meeting specific licensure requirements.	Federal employees; persons credentialed by the Department of Education; students; physicians and their employees/ supervisees; hearing aid dealers; persons fulfilling the postgraduate professional experience requirement.
Nevada ¹ 1979 Department of Speech & Hearing Pathology Reno 89507-0046 (702) 344-4887	Application \$50 License \$25 Renewal \$25 Late renewal \$25 Annual renewal	Master's degree; 300 hour supervised practicum; graduation from accredited institution. No post- graduate professional experience is required. Continuing education requirement: 15 hours every year. Dispensing audiologists must have hearing aid dealer's licenses but exempt from on-the-job training.	Persons licensed in another state with equivalent standards may obtain temporary license while application is pending. Persons completing postgraduate professional experience requirement must have temporary license.	May waive exam if ASHA- certified or if licensed by a state with equivalent standards.	Employees of the Department of Human Resources or a federal agency; graduate students; persons credentialed by the Department of Education; physicians and their employees/supervisees; school nurses; hearing aid dealers.

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Characteristics of State Licensure Laws

State, Effective Date, Licensing Agency and Special Features	Fees	Eligibility/Renewal Requirements	Interim Practice	Reciprocity	Exclusions or Exemptions*
<p>New Hampshire^{1,2} 1992 Board of Speech-Language Pathologists 2 Industrial Park Drive Concord 03301 603/271-1203</p> <p>Regulates speech-language pathology but not audiology</p>	<p>License Fee \$150 Renewal Fee \$10 Late fee \$50</p> <p>Annual renewal</p>	<p>Master's degree or equivalent; 300 hour supervised practicum; graduation from school approved by Board.</p> <p>Continuing education requirement: 50 hours every 3 years.</p> <p>Dispensing audiologists must have hearing aid dealer's licenses.</p>	<p>Temporary license provided for 120 days during time application is being processed.</p> <p>Person completing post- graduate work must obtain provisional license.</p>	<p>Exam may be waived if ASHA certified or if licensed from another state with equivalent standards</p>	<p>Students; physicians; support personnel.</p>
<p>New Jersey 1984 Audiology and Speech- Language Pathology Advisory Committee, Division of Consumer Affairs, PO Box 45002, Newark, 07101 201/504-6390</p>	<p>Application \$75 License \$100 Renewal \$100 Late Fee \$50 Reinstatement \$50</p> <p>Biennial renewal</p>	<p>Master's degree or equivalent; 300 hour supervised practicum; graduation from accredited institution.</p> <p>Continuing education requirement: 20 hours every 2 years.</p> <p>Dispensing audiologists must have hearing aid dealer's licenses.</p>	<p>Persons licensed in another state with equivalent standards may obtain temporary license while application is pending.</p> <p>Persons beginning postgraduate professional experience must be licensed.</p>	<p>Exam may be waived if ASHA-certified or if licensed by a state with equivalent standards.</p>	<p>Persons working in public schools; physicians and their employees/ supervisees; students; federal employees; hearing aid dealers; teachers of the deaf.</p>
<p>New Mexico 1981 Regulation and Licensing Department PO Box 25101 Santa Fe 87504 505/827-7554</p>	<p>Application \$50 Renewal \$50 Late fee \$25</p> <p>Annual renewal</p>	<p>Master's degree; 375 hour supervised practicum; graduation from accredited school.</p> <p>Continuing education requirement: 20 hours every 2 years</p> <p>Dispensing audiologists must have hearing aid dealer's licenses but exempt from fees, on-the-job training, examination, and continuing education.</p>	<p>No provision</p> <p>Persons beginning postgraduate professional experience must register with the Board.</p>	<p>Exam may be waived if ASHA-certified or if licensed by a state with equivalent standards.</p>	<p>Persons employed in public schools; physicians; hearing aid dealers; students; teachers of the deaf; teachers of the deaf.</p>
<p>New York 1976 Board for Speech- Language Pathology & Audiology State Education Department Rm 3013 CEC Empire State Plaza Albany 12230 518/473-0221</p>	<p>License and initial registration \$270 Renewal \$155</p> <p>Triennial renewal</p>	<p>Master's degree or equivalent; 300 hour supervised practicum; graduation from accredited program.</p> <p>No continuing education requirements.</p> <p>Audiologists may dispense hearing aids under audiology license for non- profit; must be registered as hearing aid dispenser for profit.</p>	<p>Person from another state may practice up to 30 days in one calendar year if under the supervision of a SLP or AUD licensed in the state.</p>	<p>No provision</p>	<p>Persons fulfilling the postgraduate professional experience requirements; government employees; school employees; physicians; students; teachers of the deaf.</p>

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Characteristics of State Licensure Laws

State, Effective Date, Licensing Agency and Special Features	Fees	Eligibility/Renewal Requirements	Interim Practice	Reciprocity	Exclusions or Exemptions*
North Carolina ¹ 1975 Board of Examiners for Speech and Language Pathologists and Audiologists, PO Box Greensboro, 27405-0545 336-272-1828	Application \$30 License \$40 Renewal \$40 Late fee \$25 Annual renewal	Master's degree or equivalent; 300 hour supervised practicum; graduation from accredited school No continuing education requirement. Dispensing audiologists must have hearing aid dealer's licenses.	No provision Persons beginning postgraduate professional experience need a temporary license.	May waive exam if ASHA- certified or if licensed by a state with equivalent standards. May use ASHA CCC or another state license as evidence of meeting specific licensure requirements.	Credentialed employees of public or state schools; physicians and their employees/supervisees; industrial audiometric technicians and other hearing screeners; students; hearing aid dealers.
✓ Assistants are registered.					
North Dakota 1975 Board of Examiners of Speech and Language Pathology, Box UND, Grand Forks, 58202-7189 701-777-4421	License \$75 Renewal \$30 Late fee \$25 Annual renewal	Master's degree or equivalent; graduation from institution recognized by the Board. No postgraduate professional experience required. Continuing education requirement: 10 hours every year. Dispensing audiologists must have hearing aid dealer's licenses but exempt from on-the-job training.	No provision	May waive exam if ASHA CCC or if licensed by a state with equivalent standards. May use ASHA CCC or license from another state to show evidence of meeting specific licensure requirements.	Persons credentialed by Department of Public Instruction; physicians and their employees/ supervisees; hearing aid dealers; federal employees; students; industrial audiometric technicians and other hearing screeners; teachers of the deaf.
Ohio ¹ 1975 Board of Speech Pathology and Audiology 100 High Street Columbus 43266-4326 614-466-3145	Initial license \$200 Renewal \$150 Late fee \$50 Aide \$100 Renewal \$50 Late fee \$25 Biennial renewal	Master's degree or equivalent; 375 hour supervised practicum; graduation from ESB accredited program. Continuing education requirement: 20 hours every 2 years. Audiologists may dispense hearing aids under audiology license.	If ASHA-certified or if licensed by another state, may practice pending disposition of application. Persons beginning postgraduate professional experience must have provisional license.	May waive exam requirements if ASHA CCC or if licensed by a state with equivalent standards. May use ASHA CCC or license from another state to show evidence of meeting specific licensure requirements.	Government employees; students; persons certified by the Department of Education; physicians and their employees/ supervisees; nurses; teachers of the deaf; hearing aid dealers and hearing screeners.
✓ Aides are licensed.					
Oklahoma ¹ 1974 Board of Examiners for Speech Pathology & Audiology Box 53592 Oklahoma City 73152 405-840-2774	Application \$50 Renewal \$25 Late fee \$5/month Assistants \$30 Annual renewal	Master's degree or equivalent; 275 hour supervised practicum; graduation from accredited school No continuing education requirement. Audiologists may dispense hearing aids under audiology license.	Persons meeting licensure requirements may obtain a temporary license while application is pending Persons beginning postgraduate professional experience must have intern license.	May waive exam if ASHA- certified. May use another state license as evidence of meeting specific licensure requirements.	Persons employed by schools; physicians and their employees/ supervisees; hearing aid dealers; students; hearing screeners; teachers of the deaf.
✓ Assistants are licensed.					

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Characteristics of State Licensure Laws

State, Effective Date, Licensing Agency and Special Features	Fees	Eligibility/Renewal Requirements	Interim Practice	Reciprocity	Exclusions or Exemptions*
Oregon 1973 Board of Examiners for Speech Pathology and Audiology 800 NE Oregon #21 Portland 97232 503/731-4050	Application \$30 License \$100 Renewal \$100 Late fee \$10 Inactive license \$20 Biennial renewal	Master's degree or equivalent; 275 hour supervised practicum; graduation from approved school No continuing education requirement. Dispensing audiologists must have hearing aid dealer's licenses but exempt from on-the-job training.	If ASHA-certified or if licensed by another state, may practice pending disposition of application.	May waive exam if ASHA- certified or if licensed by a state with equivalent standards. May use ASHA CCC or another state license as evidence of meeting specific licensure requirements.	Persons credentialed by the Board of Education; physicians; teachers of the deaf; students; federal employees; hearing aid dealers.
Pennsylvania ¹ 1984 Board of Examiners for Speech-Language and Hearing; Bureau of Professional and Occupational Affairs PO Box 2649 Harrisburg 17105-2649 717/783-7156	License \$20 Renewal \$46 Late Renewal \$5 Biennial renewal	Master's degree or equivalent; 375 hour supervised practicum; graduation from accredited school. No continuing education requirement. Dispensing audiologists must have hearing aid dealer's licenses but exempt from exam.	No provision	May waive exam and education requirements if licensed by a state with equivalent standards or if ASHA-certified. May use ASHA CCC or license from another state as evidence of meeting specific licensure requirements.	Persons credentialed by the Department of Education; physicians and their employees/supervisors; hearing aid dealers; nurses; government employees; students; persons fulfilling the postgraduate professional experience requirement.
Rhode Island ¹ 1973 Board of Examiners for Speech Pathology & Audiology Department of Health 3 Capitol Hill Rm 104 Providence 02908-5097 401/277-2827	Application \$25 Renewal \$25 Annual renewal	Master's degree or equivalent; 375 hour supervised practicum; graduation from ES3 accredited program. No continuing education requirement. Audiologists may dispense hearing aids under audiology licenses. Support personnel are regulated and must have bachelor's degree in SLP or AUD.	No provision	May waive exam if ASHA- certified or if licensed by a state with equivalent standards. May use ASHA CCC or another state license as evidence of meeting specific licensure requirements.	Hearing aid dealers; persons fulfilling the postgraduate professional experience requirement; industrial audiometric technicians and other hearing screeners; teachers of the deaf; federal employees.
South Carolina ¹ 1974 Board of Examiners in Speech Pathology & Audiology PO Box 11329 Suite 101 Columbia 29211 803/734-4253	Application \$35 License \$35 Renewal \$35 Annual renewal	Master's degree or equivalent; 300 hour supervised practicum; graduation from approved school No continuing education requirement Audiologists may dispense hearing aids under audiology license.	No provision Provisional license necessary for persons fulfilling postgraduate professional experience requirement.	May waive exam and education requirements if ASHA-certified or if licensed by a state with equivalent standards.	Persons employed by schools; government employees; physicians and their employees/ supervisors; hearing aid dealers; industrial audiometric technicians and other industrial hearing screeners including nurses; teachers of the deaf; students.

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State, Effective Date, Licensing Agency and Special Features	Fees	Eligibility/Renewal Requirements	Interim Practice	Reciprocity	Exclusions or Exemptions*
<p>Tennessee¹ 1973 Board of Examiners for Speech Pathology & Audiology 17 Plus Park Blvd. Cathville 37247-1010 615/367-6419</p>	<p>Application \$160 Renewal \$90 Late Fee \$150 Biennial renewal</p>	<p>Master's degree; 300 hours supervised practicum; graduation from ESB accredited program. Continuing education requirement: 10 hours every year Audiologists may dispense under their audiology licenses but must pass practical exam.</p>	<p>If licensed in another state, applicant may practice up to 30 days while application is pending. Persons completing postgraduate professional experience must be registered.</p>	<p>May waive exam and education if licensed by a state with equivalent standards. May use ASHA CCC as evidence of meeting specific licensure requirements.</p>	<p>Persons credentialed by the Department of Education; physicians and their employees/supervisors; hearing aid dealers; other hearing screeners; federal & state employees; students.</p>
<p>Texas¹ 1983 Board of Examiners for Speech-Language Pathology & Audiology 100 W 49th Street Austin 78756-3183 512/834-6627</p>	<p>Application \$35 License \$35 Renewal \$25 Late fee \$50 Assistant \$35 Renewal \$35 Annual renewal</p>	<p>Master's degree; 375 hour supervised practicum; graduation from ESB accredited program. Continuing education requirement: 10 hours per year for 1 license; 15 hours per year for dual licensure Audiologists and audiology interns may dispense hearing aids under their audiology licenses.</p>	<p>Applicants licensed in another state with equivalent standards may apply for provisional license while application is pending. Persons beginning postgraduate professional experience must be licensed by the Board.</p>	<p>May waive exam if ASHA-certified. May use ASHA CCC or another state license as evidence of meeting specific licensure requirements.</p>	<p>Persons certified by Control Education Agency; students; physicians; hearing aid dealers; industrial audiometric technicians and other hearing screeners; university teachers; nurses; teachers of the deaf.</p>
<p>Utah¹ 1975 Speech Pathology & Audiology Advisory Board Bureau of Health Professions Licensing PO Box 45805 60 East 300 South Salt Lake City 84145-0805 801/530-6628</p>	<p>Application \$60 Renewal \$35 Late renewal \$20 Biennial renewal</p>	<p>Master's or doctorate or equivalent; graduation from ESB accredited program. Continuing education requirement: 12 hours every 2 years for single license, 24 hours for dual license Audiologists may dispense hearing aids under audiology licenses. Supervisor must submit utilization plan for aides.</p>	<p>No provision</p>	<p>May waive exam if ASHA-certified. May use ASHA CCC as evidence of meeting specific licensure requirements.</p>	<p>Physicians and their employees/supervisors; hearing aid dealers; persons credentialed by the Office of Education; federal employees; nurses; students; persons fulfilling postgraduate professional experience requirement; teachers of the deaf; university teachers.</p>
<p>Virginia¹ 1972 Board of Examiners for Audiology & Speech Pathology, Department of Health Professions, 6606 N. Broad St, 4th Floor, Richmond, 23230-1717 804/662-9907</p>	<p>Application \$125 Renewal \$55 Late fee \$100 (Fees are scheduled to be reduced in 1995) Annual renewal</p>	<p>Master's degree or equivalent; 375 hour supervised practicum; graduation from ESB accredited program. No continuing education requirement. Dispensing audiologists must have hearing aid dealer's licenses.</p>	<p>No provision</p>	<p>May waive exam if ASHA certified or licensed in another state with equivalent standards. May use ASHA CCC or state license as evidence of meeting licensure requirements.</p>	<p>Government employees; persons employed in schools; physicians; students; persons fulfilling postgraduate professional experience requirement; hearing aid dealers.</p>

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West Virginia ¹ 1992 Board of Examiners for Speech-Language Pathology & Audiology PO Box 2136 Weirton 26062 304/797-3616	Application \$50 License \$100 Renewal \$75 Biennial renewal	Master's degree or equivalent; 375 hour supervised practicum; graduation from institution recognized by Board. Continuing education requirements: 10 hours every two years. Audiologists may dispense hearing aids under audiology license. ✓ Assistants must be registered.	If ASHA certified or licensed in another state with equivalent standards, applicant may practice pending disposition of application. Persons beginning postgraduate professional experience must be licensed by the Board.	May waive exam if ASHA certified or if licensed by a state with equivalent standards. May use ASHA CCC or state license as evidence of meeting licensure requirements.	Physicians and employees supervisees; persons employed by the Board or Education, a county board of education or a Regional Education Service Agency; teachers of deaf; students hearing aid dealers; occupational hearing conservationists.
Wisconsin 1990 Wisconsin Hearing & Speech Examining Board Department of Licensing & Regulation PO Box 8935 Madison 53708-8935 608/266-1396	Application \$34 Renewal SLP - \$41 AUD - \$59 Late renewal \$25 Biennial renewal	Master's degree or equivalent; 375 hour supervised practicum; graduation from school approved by Board. No continuing education requirement. Dispensing audiologists must have hearing aid dealer's licenses. Assistants are recognized but not regulated.	Non-Wisconsin residents who are licensed by a state with equivalent standards may practice up to 45 days by obtaining a limited permit. Persons completing the postgraduate professional experience must have a temporary license.	May waive exam if ASHA- certified or licensed in another state with equivalent standards. ASHA CCC or license from a state with equivalent standards may be used as evidence of meeting specific licensure requirements.	Hearing aid dealers; students; persons licensed by the Department of Public Instruction; physicians.
Wyoming ¹ 1975 Board of Examiners in Speech-Language Pathology & Audiology 922 S. Center Casper 82601 307/237-2663	Application \$25 License \$50 Renewal \$25 Late Fee \$5/month Annual renewal	Master's degree or equivalent; 375 hour supervised practicum; graduation from ESB accredited program. Continuing education requirement: 20 hours every year (Not currently in effect; Board will pursue legislation in 1995). Dispensing audiologists must have hearing aid dealer's licenses. ✓ Aides and technicians are registered.	Applicants with ASHA CCC may practice pending disposition of application. Persons beginning postgraduate professional experience must register with the Board.	May waive exam if ASHA certified or licensed by a state with equivalent standards. May use ASHA CCC as evidence of meeting specific licensure requirements.	Personnel certified by the Department of Education, physicians and their employees/supervisees; hearing aid dealers; students; persons fulfilling postgraduate professional experience requirement; hearing aid dealers; nurses; teachers of the deaf.

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Appendix D

LOCATION OF SECTIONS OF HB 1768 SPEECH-LANGAUGE PATHOLOGY AND AUDIOLOGY REGULATORY ACT WITHIN THE WORKING DRAFT OF RCW 18.35 HEARING AND SPEECH BOARD

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1 AN ACT Relating to regulation of hearing and speech professions;
2 amending RCW 18.35.010, 18.35.020, 18.35.030, 18.35.040, 18.35.050,
3 18.35.060, 18.35.070, 18.35.080, 18.35.085, 18.35.090, 18.35.095,
4 18.35.100, 18.35.105, 18.35.110, 18.35.120, 18.35.140, 18.35.150,
5 18.35.161, 18.35.170, 18.35.172, 18.35.175, 18.35.180, 18.35.185,
6 18.35.190, 18.35.195, 18.35.205, 18.35.230, 18.35.240, and 18.35.250;
7 and adding new sections to chapter 18.35 RCW.

8 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

9 Sec. 1. RCW 18.35.010 and 1993 c 313 s 1 are each amended to read
10 as follows:

11 As used in this chapter, unless the context requires otherwise:

12 (1) (~~"Department" means the department of health.~~

13 ~~(2))~~ "Assistive listening device or system" means an amplification
14 system that is specifically designed to improve the signal to noise
15 ratio for the listener, reduce interference from noise in the
16 background, and enhance hearing levels at a distance by picking up
17 sound from as close to source as possible and sending it directly to
18 the ear of the listener, excluding hearing instruments as defined in
19 this chapter.

1 (2) "Audiologist" means a licensed person who engages in the
2 practice of audiology and meets the qualifications in this chapter.

3 (3) "Audiologist assistant" means a person who practices under the
4 direction and supervision of a licensed audiologist and meets the
5 minimum qualifications in this chapter.

6 (4) "Audiology" means the application of principles, methods, and
7 procedures related to hearing and the disorders of hearing and to
8 related language and speech disorders, whether of organic or nonorganic
9 origin, peripheral or central, that impede the normal process of human
10 communication including, but not limited to, disorders of auditory
11 sensitivity, acuity, function, processing, or vestibular function and
12 the application of aural habilitation, rehabilitation, and appropriate
13 devices and cerumen management to treat such disorders.

14 (5) "Board" means the board ((on fitting and dispensing)) of
15 hearing ((aids)) and speech.

16 (6) "Department" means the department of health.

17 (7) "Direct supervision" means that the supervisor is physically
18 present and in the same room with the trainee, observing the testing,
19 fitting, and dispensing activities of the permit holder at all times.

20 (8) "Establishment" means any permanent site engaged in the
21 practice of fitting and dispensing of hearing instruments by a hearing
22 instrument fitter dispenser or audiologist; where the client can have
23 personal contact and counsel with the licensee during the firm's
24 business hours; where the licensee normally conducts business; and the
25 address of which is given to the state for the purpose of bonding.

26 (9) "Facility" means any permanent site engaged in the practice of
27 speech language pathology and/or audiology, excluding instrument
28 fitting and dispensing.

29 (10) "Fitting and dispensing of hearing instruments" means the
30 sale, lease, or rental or attempted sale, lease, or rental of hearing
31 instruments together with the selection and adaptation of hearing
32 instruments and the administration of nondiagnostic tests as specified
33 by WAC 246-828-100 and RCW 18.35.110 and the use of procedures
34 essential to the performance of these functions; includes recommending
35 specific hearing instrument systems, specific hearing instruments, or
36 specific hearing instrument characteristics and the taking of
37 impressions for ear molds for these purposes; and may be ^{specific} provided by
38 either a hearing instrument fitter/dispenser or audiologist.

1 (11) "Good standing" means a licensee whose license has not been
2 subject to sanctions pursuant to chapter 18.130 RCW in the last year.

3 ~~((3))~~ (12) "Hearing ~~((aid))~~ instrument" means any wearable
4 prosthetic instrument or device designed for or represented as aiding,
5 improving, compensating for, or correcting defective human hearing and
6 any parts, attachments, or accessories of such an instrument or device,
7 excluding batteries and cords ~~((and))~~, ear molds, and assistive
8 listening devices.

9 ~~((4)) "Fitting and dispensing of hearing aids" means the sale,~~
10 ~~lease, or rental or attempted sale, lease, or rental of hearing aids~~
11 ~~together with the selection and adaptation of hearing aids and the use~~
12 ~~of those tests and procedures essential to the performance of these~~
13 ~~functions. It includes the taking of impressions for ear molds for~~
14 ~~these purposes.~~

15 ~~(5))~~ (13) "Hearing instrument fitter/dispenser" means a licensed
16 person who engages in the practice of fitting and dispensing of hearing
17 instruments and meets the qualifications of this chapter.

18 (14) "Hearing instrument fitter/dispenser permit holder" means a
19 person who practices under the direct supervision of a licensed hearing
20 instrument fitter/dispenser.

21 (15) "Secretary" means the secretary of health.

22 ~~((6)) "Establishment" means any facility engaged in the fitting and~~
23 ~~dispensing of hearing aids.))~~

24 (16) "Speech-language pathologist" means a licensed person who
25 engages in the practice of speech-language pathology and meets the
26 qualifications of this chapter.

27 (17) "Speech-language pathologist assistant" means a person who
28 practices under the direction and supervision of a licensed speech-
29 language pathologist and meets the minimum qualifications of this
30 chapter.

31 (18) "Speech-language pathology" means the application of
32 principles, methods, and procedures related to the development and
33 disorders, whether of organic or nonorganic origin, that impede oral,
34 pharyngeal, or laryngeal sensorimotor competencies and the normal
35 process of human communication including, but not limited to, disorders
36 and related disorders of speech, articulation, fluency, voice, verbal
37 and written language, auditory comprehension, cognition/communication,
38 and the application of augmentative communication treatment and devices
39 for treatment of such disorders.

1 Sec. 2. RCW 18.35.020 and 1989 c 198 s 1 are each amended to read
2 as follows:

3 (1) No person shall engage in the fitting and dispensing of hearing
4 ~~((aids))~~ instruments or imply or represent that he or she is engaged in
5 the fitting and dispensing of hearing ~~((aids))~~ instruments unless he or
6 she ~~((holds))~~ is a ~~((valid license))~~ licensed hearing instrument
7 fitter/dispenser or audiologist or holds a fitter/dispenser permit
8 issued by the department as provided in this chapter and is an owner or
9 employee of an establishment that is bonded as provided by RCW
10 18.35.240. The owner or manager of ~~((a))~~ an establishment that
11 dispenses hearing ~~((aid establishment))~~ instruments is responsible
12 under this chapter for all transactions made in the establishment name
13 or conducted on its premises by agents or ~~((employees of))~~ persons
14 employed by the establishment engaged in fitting and dispensing of
15 hearing ~~((aids))~~ instruments. Every establishment that fits and
16 dispenses shall have in its employ at least one licensed ~~((fitter-
17 dispenser)) hearing instrument fitter/dispenser or licensed audiologist
18 at all times, and shall annually submit proof that all ~~((audiometric))~~
19 testing equipment at that establishment that is required by the board
20 to be calibrated has been properly calibrated.~~

21 (2) No person shall engage in the practice of speech-language
22 pathology or imply that he or she is engaged in the practice unless he
23 or she holds a valid speech-language pathology license issued by the
24 department as provided in this chapter and is an owner or is employed
25 by a facility.

26 (3) No person shall engage in the practice of audiology or imply
27 that he or she is engaged in the practice unless he or she holds a
28 valid audiology license issued by the department as provided in this
29 chapter and is an owner or is employed by an establishment. The
30 establishment shall annually submit proof that all testing equipment
31 that is required by the board to be calibrated has been properly
32 calibrated.

33 Sec. 3. RCW 18.35.030 and 1983 c 39 s 3 are each amended to read
34 as follows:

35 Any person who engages in ~~((the))~~ fitting and dispensing of hearing
36 ~~((aids))~~ instruments shall provide to each person who enters into an
37 agreement to purchase a hearing ~~((aid))~~ instrument a receipt at the
38 time of the agreement containing the following information:

1 (1) The seller's name, signature, license number, address, and
2 phone number of his or her regular place of business;

3 (2) A description of the ~~((aid))~~ instrument furnished, including
4 make, model, circuit options, and the term "used" or "reconditioned" if
5 applicable;

6 (3) A disclosure of the cost of all services including but not
7 limited to the cost of testing and fitting, the actual cost of the
8 hearing ~~((aid))~~ instrument furnished, the cost of ear molds if any, and
9 the terms of the sale. These costs, including the cost of ear molds,
10 shall be known as the total purchase price. The receipt shall also
11 contain a statement of the purchaser's rescission rights under this
12 chapter and an acknowledgment that the purchaser has read and
13 understands these rights. Upon request, the purchaser shall also be
14 supplied with a signed and dated copy of any hearing evaluation
15 performed by the seller.

16 (4) At the time of delivery of the hearing ~~((aid))~~ instrument, the
17 purchaser shall also be furnished with the serial number of the hearing
18 ~~((aid))~~ instrument supplied.

19 Sec. 4. RCW 18.35.040 and 1991 c 3 s 81 are each amended to read
20 as follows:

21 ~~((1))~~ An applicant for ~~((license shall be at least eighteen years of~~
22 age)) licensure as a fitter/dispenser must have the following minimum
23 qualifications and shall pay a fee determined by the secretary as
24 provided in RCW 43.70.250. An applicant shall ~~((not))~~ be issued a
25 license under the provisions of this chapter ~~((unless))~~ if the
26 applicant:

27 ~~((+1))~~ (a) (i) Satisfactorily completes the examination required by
28 this chapter; or

29 ~~((+2))~~ (ii) Holds a current, unsuspended, unrevoked license or
30 certificate from a state or jurisdiction with which the department has
31 entered into a reciprocal agreement, and shows evidence satisfactory to
32 the department that the applicant is licensed in good standing in the
33 other jurisdiction; and

34 (b) From January 1, 1997, through December 31, 1999, has at least
35 six months of apprenticeship training that meets requirements
36 established by the board. The board may waive part or all of this
37 apprenticeship training in recognition of formal education in fitting
38 and dispensing of hearing instruments or in recognition of previous

1 licensure in Washington or in another state, territory, or the District
2 of Columbia;

3 (c) For persons licensed after December 31, 1999, demonstrates
4 proof of having earned a two-year associate's degree or a degree from
5 an alternative educational program as defined by the board;

6 (d) Is at least twenty-one years of age; and

7 (e) Has not committed unprofessional conduct as specified by the
8 uniform disciplinary act.

9 The applicant must present proof of qualifications to the board in
10 the manner and on forms prescribed by the board and proof of completion
11 of a minimum of four clock hours of AIDS education and training per
12 rules adopted by the board.

13 (2) An applicant for a license as a speech-language pathologist or
14 audiologist must have the following minimum qualifications:

15 (a) Has not committed unprofessional conduct as specified by the
16 uniform disciplinary act;

17 (b) Has a master's degree or the equivalent from a program at a
18 board-approved institution of higher learning, which includes
19 completion of a supervised clinical practicum experience as defined by
20 rules adopted by the board; and

21 (c) Has completed postgraduate professional work experience
22 approved by the board.

23 All qualified applicants must satisfactorily complete the speech-
24 language pathology or audiology examination required by this chapter.

25 The applicant must present proof of qualifications to the board in
26 the manner and on forms prescribed by the board and proof of completion
27 of a minimum of four clock hours of AIDS education and training per
28 rules adopted by the board.

29 (3) An applicant for registration as a speech-language pathologist
30 assistant or audiologist assistant must have the following minimum
31 qualifications:

32 (a) Has not committed unprofessional conduct as specified by the
33 uniform disciplinary act;

34 (b) Is a graduate of an educational program that is approved by the
35 board as defined by rules adopted by the board; and

36 (c) Has appropriate clinical experience that has been approved by
37 the board.

38 The applicant must present proof of qualifications to the board in
39 the manner and on forms prescribed by the board and proof of completion

1 of a minimum of four clock hours of AIDS education and training per
2 rules adopted by the board.

3 Sec. 5. RCW 18.35.050 and 1993 c 313 s 2 are each amended to read
4 as follows:

5 Except as otherwise provided in this chapter an applicant for
6 license shall appear at a time and place and before such persons as the
7 department may designate to be examined by written ~~((and))~~ or practical
8 tests, or both. ~~((The department shall give an examination in May and~~
9 ~~November of each year.))~~ Examinations shall be held within the state at
10 least twice a year. The examination shall be reviewed annually by the
11 board and the department, and revised as necessary. ~~((No examination~~
12 ~~of any established association may be used as the exclusive replacement~~
13 ~~for the examination unless approved by the board.))~~ The examinations
14 shall include appropriate subject matter to ensure the competence of
15 the applicant. Nationally recognized examinations in the fields of
16 fitting and dispensing of hearing instruments, speech-language
17 pathology, and audiology may be used to determine if applicants are
18 qualified for licensure. An applicant who fails an examination may
19 apply for reexamination upon payment of a reexamination fee. The
20 reexamination fee shall be set by the secretary under RCW 43.70.250.

21 Sec. 6. RCW 18.35.060 and 1993 c 313 s 3 are each amended to read
22 as follows:

23 (1) The department shall issue a ~~((trainee license))~~ hearing
24 instrument fitting/dispensing permit to any applicant who has shown to
25 the satisfaction of the department that the applicant:

26 (a) ~~((The applicant))~~ Is at least ((eighteen)) twenty-one years of
27 age;

28 (b) If issued a ~~((trainee license))~~ fitter/dispenser permit, would
29 be employed and directly supervised in the fitting and dispensing of
30 hearing ~~((aids))~~ instruments by a person licensed in good standing as
31 a ~~((fitter dispenser))~~ hearing instrument fitter/dispenser or
32 audiologist for at least ~~((one year))~~ two years unless otherwise
33 approved by the board; ~~((and))~~

34 (c) Has paid an application fee determined by the secretary as
35 provided in RCW 43.70.250, to the department;

36 (d) Has not committed unprofessional conduct as specified by the
37 uniform disciplinary act; and

1 (e) Is a high school graduate or the equivalent.

2 The provisions of RCW 18.35.030, 18.35.110, and 18.35.120 shall
3 apply to any person issued a ~~((trainee license))~~ permit. Pursuant to
4 the provisions of this section, a person issued a ~~((trainee license))~~
5 permit may engage in the fitting and dispensing of hearing ~~((aids))~~
6 instruments without having first passed the hearing instrument
7 fitter/dispenser examination provided under this chapter.

8 (2) The ~~((trainee license))~~ fitter/dispenser permit shall contain
9 the names of the ~~((person))~~ employer and the licensed supervisor under
10 this chapter who ~~((is))~~ are employing and supervising the ~~((trainee))~~
11 permit holder and ~~((that))~~ those persons shall execute an
12 acknowledgment of responsibility for all acts of the trainee in
13 connection with the fitting and dispensing of hearing ~~((aids))~~
14 instruments.

15 (3) A ~~((trainee))~~ fitter/dispenser permit holder may fit and
16 dispense hearing ~~((aids))~~ instruments, but only if the ~~((trainee))~~
17 permit holder is under the direct supervision of a ~~((person))~~ hearing
18 instrument fitter/dispenser or audiologist licensed under this chapter
19 in a capacity other than as a ~~((trainee))~~ permit holder. Direct
20 supervision by a licensed ~~((fitter dispenser))~~ hearing instrument
21 fitter/dispenser or audiologist shall be required whenever the
22 ~~((trainee))~~ permit holder is engaged in the fitting or dispensing of
23 hearing ~~((aids))~~ instruments during the ~~((trainee's first three months~~
24 ~~of full-time))~~ permit holder's employment. The board shall develop and
25 adopt guidelines on any additional supervision or training it deems
26 necessary.

27 (4) The fitting and dispensing trainee ~~((license))~~ permit shall
28 expire one year from the date of its issuance except that on
29 recommendation of the board the license may be reissued for one
30 additional year only.

31 (5) No person licensed under this chapter may assume the
32 responsibility for more than ~~((two trainees))~~ one permit holder at any
33 one time ~~((, except that the department may approve one additional~~
34 ~~trainee if none of the trainees is within the initial ninety day period~~
35 ~~of direct supervision and the licensee demonstrates to the department's~~
36 ~~satisfaction that adequate supervision will be provided for all~~
37 ~~trainees))~~.

38 (6) The department, upon approval by the board, shall issue an
39 interim permit authorizing an applicant for speech-language pathologist

1 or audiologist licensure who meets the minimum qualifications stated in
2 RCW 18.35.040 to practice under licensed supervision pending
3 notification of the results of the first licensure examination for
4 which the applicant is eligible.

5 (a) For purposes of this section, "supervision" means supervision
6 of a holder of an interim permit by a licensed speech-language
7 pathologist or audiologist. Supervision includes, but is not limited
8 to, consultation regarding evaluation, treatment plan, treatment
9 program, and progress of each assigned patient or client at appropriate
10 intervals and documentation by the licensed speech-language pathologist
11 or audiologist.

12 (b) If a speech-language pathologist or audiologist interim
13 permittee fails the examination, the permit expires upon notice to the
14 permittee and is not renewable except upon recommendation of the board.

15 Sec. 7. RCW 18.35.070 and 1973 1st ex.s. c 106 s 7 are each
16 amended to read as follows:

17 The hearing instrument fitter/dispenser written examination
18 provided in RCW 18.35.050 shall consist of:

19 (1) Tests of knowledge in the following areas as they pertain to
20 the fitting of hearing ~~((aids))~~ instruments:

21 (a) Basic physics of sound;

22 (b) The human hearing mechanism, including the science of hearing
23 and the causes and rehabilitation of abnormal hearing and hearing
24 disorders; and

25 (c) Structure and function of hearing ~~((aids))~~ instruments.

26 (2) Tests of ~~((proficiency))~~ knowledge in the following
27 ~~((techniques))~~ areas as they pertain to the fitting of hearing ~~((aids))~~
28 instruments:

29 (a) Pure tone audiometry, including air conduction testing and bone
30 conduction testing;

31 (b) Live voice or recorded voice speech audiometry, including
32 speech reception threshold testing and speech discrimination testing;

33 (c) Effective masking;

34 (d) Recording and evaluation of audiograms and speech audiometry to
35 determine hearing ~~((aid))~~ instrument candidacy;

36 (e) Selection and adaptation of hearing ~~((aids))~~ instruments and
37 testing of hearing ~~((aids))~~ instruments; and

38 (f) Taking ear mold impressions.

(3) Evidence of knowledge regarding the medical and rehabilitation facilities for children and adults that are available in the area served.

(4) Evidence of knowledge of grounds for revocation or suspension of license under the provisions of this chapter.

(5) Any other tests as the department may by rule establish.

NEW SECTION. Sec. 8. A new section is added to chapter 18.35 RCW to read as follows:

(1) Upon recommendation by the board, the secretary shall register as a speech-language pathologist assistant or an audiologist assistant applicants who successfully meet the requirements in RCW 18.35.040 and who provide to the secretary the name and license number of the supervising speech-language pathologist or audiologist. The secretary shall furnish registrations to registrants.

(2) The board shall waive the requirement of RCW 18.35.040 and shall register speech-language pathologist assistants and audiologist assistants engaged in practice in this state on the effective date of this section upon presentation of two sworn affidavits. One affidavit must be made by the speech-language pathologist assistant or audiologist assistant and contain information about educational background and clinical experience. One affidavit must be made by either the speech-language pathologist or audiologist who has supervised the assistant and must contain information verifying the assistant's work experience or by the speech-language pathologist or audiologist who will be supervising the assistant, whichever is applicable. Persons eligible for registration under this subsection must apply for registration before July 1, 1996.

Sec. 9. RCW 18.35.080 and 1991 c 3 s 83 are each amended to read as follows:

(1) The department shall license each qualified applicant, without discrimination, who satisfactorily completes the required examination for his or her profession and, upon payment of a fee determined by the secretary as provided in RCW 43.70.250 to the department, shall issue to the applicant a license. A person shall not knowingly make a false, material statement in an application for a license, registration, permit or for a renewal of a license or a permit.

1 If a (~~person~~) prospective hearing instrument fitter/dispenser
2 does not apply for a license within three years of the successful
3 completion of the license examination, reexamination is required for
4 licensure. The license shall be effective until the licensee's next
5 birthday at which time it is subject to renewal. Subsequent renewal
6 dates shall coincide with the licensee's birthday.

7 (2) The board shall waive the examination and grant a speech-
8 language pathology license to a person engaged in the profession of
9 speech-language pathology in this state on the effective date of this
10 section if the board determines that the person meets commonly accepted
11 standards for the profession, as defined by rules adopted by the board.
12 Persons eligible for licensure under this subsection must apply for a
13 license before July 1, 1996.

14 (3) The board shall waive the examination and grant an audiology
15 license to a person engaged in the profession of audiology in this
16 state on the effective date of this section if the board determines
17 that the person meets the commonly accepted standards for the
18 profession and has passed the hearing instrument fitter/dispenser
19 examination.

20 (4) Persons engaged in the profession of audiology who meet the
21 commonly accepted standards for the profession and graduated from a
22 board-approved program prior to January 1, 1993, and who have not
23 passed the hearing instrument fitter/dispenser examination shall be
24 granted an audiology license (nondispensing) for a period of two years
25 during which time they must pass the hearing instrument
26 fitter/dispenser examination to maintain their license.

27 Sec. 10. RCW 18.35.085 and 1991 c 332 s 31 are each amended to
28 read as follows:

29 An applicant holding a credential in another state, territory, or
30 the District of Columbia may be credentialed to practice in this state
31 without examination if the board determines that the other state's
32 credentialing standards are substantially equivalent to the standards
33 in this state. The secretary shall furnish licenses to licensees. At
34 the time of making application, the applicant shall pay to the state
35 treasurer a fee determined by the secretary.

36 Sec. 11. RCW 18.35.090 and 1991 c 3 s 84 are each amended to read
37 as follows:

1 Each person who engages in (~~the fitting and dispensing of hearing~~
2 ~~aids~~) practice under this chapter shall, as the department prescribes
3 by rule, pay to the department a fee established by the secretary under
4 RCW 43.70.250 for a renewal of the license, registration, or permit and
5 shall keep the license, registration, or permit conspicuously posted in
6 the place of business at all times. The license, registration, or
7 permit of any person who fails to renew his or her license (~~prior to~~
8 ~~the expiration date must pay a penalty fee in addition to the renewal~~
9 ~~fee and satisfy the requirements~~), registration, or permit within
10 thirty days of the date set by the secretary for renewal shall
11 automatically lapse. Within three years from the date of lapse and
12 upon recommendation of the board, the secretary may revive a lapsed
13 license upon payment of all past unpaid renewal fees and a penalty fee
14 to be determined by the secretary and satisfaction of any requirements,
15 which may include reexamination, that may be set forth by rule
16 promulgated by the secretary for reinstatement. The secretary may by
17 rule establish mandatory continuing education requirements and/or
18 continued competency standards to be met by licensees, registrants, or
19 permit holders as a condition for license, registration, or permit
20 renewal.

21 Sec. 12. RCW 18.35.095 and 1993 c 313 s 12 are each amended to
22 read as follows:

23 (1) A (~~person~~) fitter/dispenser licensed under this chapter and
24 not actively (~~fitting and dispensing hearing aids~~) practicing may be
25 placed on inactive status by the department at the written request of
26 the licensee. The board shall define by rule the conditions for
27 inactive status licensure. In addition to the requirements of RCW
28 43.24.086, the licensing fee for a licensee on inactive status shall be
29 directly related to the costs of administering an inactive license by
30 the department. A (~~person~~) fitter/dispenser on inactive status may
31 be voluntarily placed on active status by notifying the department in
32 writing, paying the remainder of the licensing fee for the licensing
33 year, and complying with subsection (2) of this section.

34 (2) Fitter/dispenser inactive licensees applying for active
35 licensure shall comply with the following: A licensee who has not
36 fitted or dispensed hearing (~~aids~~) instruments for more than five
37 years from the expiration of the licensee's full fee license shall
38 retake the practical and/or the written fitter/dispenser examinations

1 required under this chapter (~~and~~), as determined by the board. The
2 fitter/dispenser inactive licensee shall have completed continuing
3 education requirements within the previous twelve-month period.
4 Persons who have been on inactive status from two to five years must
5 have within the previous twelve months completed continuing education
6 requirements. Persons who have been on inactive status for one year or
7 less shall upon application be reinstated as active licensees. Persons
8 who have inactive status in this state but who are actively licensed
9 and in good standing in any other state shall not be required to meet
10 continuing education requirements or to take the practical
11 examinations, but must submit an affidavit attesting to their knowledge
12 of the current Washington Administrative Code rules and Revised Code of
13 Washington statutes pertaining to the fitting and dispensing of hearing
14 (~~aids~~) instruments.

15 (3) A speech-language pathologist or audiologist licensed or
16 registered under this chapter and not actively practicing either
17 speech-language pathology or audiology may be placed on inactive status
18 by the department at the written request of the licensee. The board
19 shall define by rule the conditions for inactive status licensure. In
20 addition to the requirements of RCW 43.24.086, the licensing fee for a
21 licensee on inactive status shall be directly related to the cost of
22 administering an inactive license by the department. A person on
23 inactive status may be voluntarily placed on active status by notifying
24 the department in writing, paying the remainder of the licensing fee
25 for the licensing year, and complying with subsection (4) of this
26 section.

27 (4) Speech-language pathologist or audiologist inactive licensees
28 applying for active licensure shall comply with requirements set forth
29 by the board, which may include completion of continuing competency
30 requirements and taking an examination. Persons who have inactive
31 status in this state but who are actively licensed and in good standing
32 in another state are not required to meet continuing competency
33 requirements or to take the practical examinations.

34 Sec. 13. RCW 18.35.100 and 1983 c 39 s 8 are each amended to read
35 as follows:

36 (1) Every (~~person who holds a license~~) fitter/dispenser,
37 audiologist, speech-language pathologist, audiologist assistant,
38 speech-language pathologist assistant, or permit holder, who is

1 regulated under this chapter, shall notify the department in writing of
2 the regular address of the place or places in the state of Washington
3 where the person (~~((engages or intends to engage in the fitting and~~
4 ~~dispensing of hearing aids))~~ practices or intends to practice more than
5 twenty business days and of any change thereof within ten days of such
6 change. Failure to notify the department in writing shall be grounds
7 for suspension or revocation of license, registration, or permit.

8 (2) The department shall keep a record of the places of business of
9 persons who hold licenses, registrations, and permits.

10 (3) Any notice required to be given by the department to a person
11 who holds a license, registration, or permit may be given by mailing it
12 to the address of the last (~~((place of business))~~) establishment of which
13 the person has notified the department, except that notice to a
14 licensee, registrant, or permit holder of proceedings to deny, suspend,
15 or revoke the license shall be by certified or registered mail or by
16 means authorized for service of process.

17 Sec. 14. RCW 18.35.105 and 1989 c 198 s 6 are each amended to read
18 as follows:

19 Each licensee shall keep records of all services rendered for a
20 (~~((period))~~) minimum of three years. These records shall contain the
21 names and addresses of all persons to whom services were provided(~~((7))~~).
22 Hearing instrument fitter/dispensers, audiologists, and permit holders
23 shall also record the date the hearing instrument warranty expires, a
24 description of the services and the dates the services were provided,
25 and copies of any contracts and receipts. All records, as required
26 pursuant to this chapter or by rule, kept by licensees shall be owned
27 by the establishment and shall remain with the establishment in the
28 event the licensee changes employment. If a contract between the
29 establishment and the licensee provides that the records are to remain
30 with the licensee, copies of such records shall be provided to the
31 establishment.

32 Sec. 15. RCW 18.35.110 and 1993 c 313 s 4 are each amended to read
33 as follows:

34 In addition to causes specified under RCW 18.130.170 and
35 18.130.180, any person licensed, holding a permit, or registered under
36 this chapter may be subject to disciplinary action by the board for any
37 of the following causes:

1 (1) For unethical conduct in ((~~dealing in~~)) dispensing hearing
2 ((~~aid~~)) instruments. Unethical conduct shall include, but not be
3 limited to:

4 (a) Using or causing or promoting the use of, in any advertising
5 matter, promotional literature, testimonial, guarantee, warranty,
6 label, brand, insignia, or any other representation, however
7 disseminated or published, which is false, misleading or deceptive;

8 (b) Failing or refusing to honor or to perform as represented any
9 representation, promise, agreement, or warranty in connection with the
10 promotion, sale, dispensing, or fitting of the hearing ((~~aid~~))
11 instrument;

12 (c) Advertising a particular model, type, or kind of hearing
13 ((~~aid~~)) instrument for sale which purchasers or prospective purchasers
14 responding to the advertisement cannot purchase or are dissuaded from
15 purchasing and where it is established that the purpose of the
16 advertisement is to obtain prospects for the sale of a different model,
17 type, or kind than that advertised;

18 (d) Falsifying hearing test or evaluation results;

19 (e) (i) Whenever any of the following conditions are found or should
20 have been found to exist either from observations by the licensee or on
21 the basis of information furnished by the prospective hearing ((~~aid~~))
22 instrument user prior to fitting and dispensing a hearing ((~~aid~~))
23 instrument to any such prospective hearing ((~~aid~~)) instrument user,
24 failing to advise that prospective hearing ((~~aid~~)) instrument user in
25 writing that the user should first consult a licensed physician
26 specializing in diseases of the ear or if no such licensed physician is
27 available in the community then to any duly licensed physician:

28 (A) Visible congenital or traumatic deformity of the ear, including
29 perforation of the eardrum;

30 (B) History of, or active drainage from the ear within the previous
31 ninety days;

32 (C) History of sudden or rapidly progressive hearing loss within
33 the previous ninety days;

34 (D) Acute or chronic dizziness;

35 (E) Any unilateral hearing loss;

36 (F) Significant air-bone gap when generally acceptable standards
37 have been established as defined by the food and drug administration;

38 (G) Visible evidence of significant cerumen accumulation or a
39 foreign body in the ear canal;

1 (H) Pain or discomfort in the ear; or

2 (I) Any other conditions that the board may by rule establish. It
3 is a violation of this subsection for any licensee or that licensee's
4 employees and putative agents upon making such required referral for
5 medical opinion to in any manner whatsoever disparage or discourage a
6 prospective hearing ((aidd)) instrument user from seeking such medical
7 opinion prior to the fitting and dispensing of a hearing ((aidd))
8 instrument. No such referral for medical opinion need be made by any
9 hearing instrument fitter/dispenser or audiologist licensee or permit
10 holder in the instance of replacement only of a hearing ((aidd))
11 instrument which has been lost or damaged beyond repair within six
12 months of the date of purchase. The hearing instrument
13 fitter/dispenser or audiologist licensee or permit holder or the
14 hearing instrument fitter/dispenser or audiologist licensee's or permit
15 holder's employees or putative agents shall obtain a signed statement
16 from the hearing ((aidd)) instrument user documenting the waiver of
17 medical clearance and the waiver shall inform the prospective user that
18 signing the waiver is not in the user's best health interest:
19 PROVIDED, That the hearing instrument fitter/dispenser or audiologist
20 licensee or permit holder shall maintain a copy of either the
21 physician's statement showing that the prospective hearing ((aidd))
22 instrument user has had a medical evaluation within the previous six
23 months or the statement waiving medical evaluation, for a period of
24 three years after the purchaser's receipt of a hearing ((aidd))
25 instrument. Nothing in this section required to be performed by a
26 licensee or permit holder shall mean that the licensee is engaged in
27 the diagnosis of illness or the practice of medicine or any other
28 activity prohibited under the laws of this state;

29 (ii) Fitting and dispensing a hearing ((aidd)) instrument to any
30 person under eighteen years of age who has not been examined and
31 cleared for hearing ((aidd)) instrument use within the previous six
32 months by a physician specializing in otolaryngology except in the case
33 of replacement instruments or except in the case of the parents or
34 guardian of such person refusing, for good cause, to seek medical
35 opinion: PROVIDED, That should the parents or guardian of such person
36 refuse, for good cause, to seek medical opinion, the hearing instrument
37 fitter/dispenser or audiologist licensee shall obtain from such parents
38 or guardian a certificate to that effect in a form as prescribed by the
39 department;

(iii) Fitting and dispensing a hearing ~~((aid))~~ instrument to any person under eighteen years of age who has not been examined by an audiologist who holds at least a master's degree in audiology for recommendations during the previous six months, without first advising such person or his or her parents or guardian in writing that he or she should first consult an audiologist who holds at least a master's degree in audiology, except in cases of hearing ~~((aids))~~ instruments replaced within six months of their purchase;

(f) Representing that the services or advice of a person licensed to practice medicine and surgery under chapter 18.71 RCW or osteopathy and surgery under chapter 18.57 RCW or of a clinical audiologist will be used or made available in the selection, fitting, adjustment, maintenance, or repair of hearing ~~((aids))~~ instruments when that is not true, or using the word "doctor," "clinic," or other like words, abbreviations, or symbols which tend to connote a medical or osteopathic profession when such use is not accurate;

(g) Permitting another to use his or her license, permit, or registration;

(h) Stating or implying that the use of any hearing ~~((aid))~~ instrument will restore normal hearing, preserve hearing, prevent or retard progression of a hearing impairment, or any other false, misleading, or medically or audiologically unsupportable claim regarding the efficiency of a hearing ~~((aid))~~ instrument;

(i) Representing or implying that a hearing ~~((aid))~~ instrument is or will be "custom-made," "made to order," "prescription made," or in any other sense specially fabricated for an individual when that is not the case; or

(j) Directly or indirectly offering, giving, permitting, or causing to be given, money or anything of value to any person who advised another in a professional capacity as an inducement to influence that person, or to have that person influence others to purchase or contract to purchase any product sold or offered for sale by the ~~((licensee))~~ hearing instrument fitter/dispenser, audiologist, or permit holder, or to influence any person to refrain from dealing in the products of competitors.

(2) Engaging in any unfair or deceptive practice or unfair method of competition in trade within the meaning of RCW 19.86.020.

(3) If a person violates the provisions of this chapter, the attorney general, prosecuting attorney, secretary, board, or a citizen

1 of the state may maintain an action in the name of the state to enjoin
2 the person from practicing or holding himself or herself out as a
3 practicing hearing instrument fitter/dispenser, speech-language
4 pathologist, or audiologist. The injunction does not relieve criminal
5 prosecution but the remedy by injunction is in addition to the
6 liability of the offender for criminal prosecution and the suspension
7 or revocation of his or her license.

8 (4) Aiding or abetting any violation of the rebating laws as stated
9 in chapter 19.68 RCW.

10 NEW SECTION. Sec. 16. A new section is added to chapter 18.35 RCW
11 to read as follows:

12 (1) A person who is not licensed with the secretary as a hearing
13 instrument fitter/dispenser under the requirements of this chapter
14 shall not represent himself or herself as being so licensed and shall
15 not use in connection with his or her name the words "hearing
16 instrument fitter/dispenser," "hearing instrument specialist," or
17 "hearing aid fitter/dispenser," or a variation, synonym, word, sign,
18 number, insignia, coinage, or whatever expresses, employs, or implies
19 these terms, names, or functions of a hearing instrument
20 fitter/dispenser.

21 (2) A person who is not licensed with the secretary as a speech-
22 language pathologist under the requirements of this chapter shall not
23 represent himself or herself as being so licensed and shall not use in
24 connection with his or her name the words including "speech
25 pathologist," "language pathologist," "speech-language pathologist,"
26 "language therapist," "speech correctionist," "language correctionist,"
27 "speech clinician," "language clinician," "voice pathologist,"
28 "logopedist," "communicologist," "aphasiologist," "communication
29 disorders specialist," or "phoniatrix," or a variation, synonym, word,
30 sign, number, insignia, coinage, or whatever expresses, employs, or
31 implies these terms, names, or functions as a speech-language
32 pathologist.

33 (3) A person who is not licensed with the secretary as an
34 audiologist under the requirements of this chapter shall not represent
35 himself or herself as being so licensed and shall not use in connection
36 with his or her name the words "audiologist," "hearing instrument
37 fitter/dispenser or audiologist," "audiometrist," "hearing therapist,"
38 "hearing clinician," "hearing aid audiologist," "educational

1 audiologist," or "auditory integration specialist," or a variation,
2 synonym, letter, word, sign, number, insignia, coinage, or whatever
3 expresses, employs, or implies these terms, names, or functions of an
4 audiologist.

5 (4) A person who does not hold a permit issued by the secretary as
6 a fitter/dispenser under the requirements of this chapter shall not
7 represent himself or herself as being so licensed and shall not use in
8 connection with his or her name the words "hearing instrument
9 fitter/dispenser," or "hearing aid fitter/dispenser," or a variation,
10 synonym, word, sign, number, insignia, coinage, or whatever expresses,
11 employs, or implies these terms, names, or functions of a
12 fitter/dispenser permit holder.

13 (5) A person who is not registered as a speech-language pathologist
14 assistant or an audiologist assistant may not use any term, including
15 those specified in subsections (1) and (2) of this section, to
16 represent that he or she is registered to undertake the duties of such
17 assistants.

18 (6) No person may practice hearing instrument fitting/dispensing,
19 speech-language pathology, or audiology without first having a valid
20 license and using the state-approved title.

21 (7) Nothing in this chapter prohibits a person licensed in this
22 state under another act from engaging in the practice for which he or
23 she is licensed.

24 Sec. 17. RCW 18.35.120 and 1983 c 39 s 10 are each amended to read
25 as follows:

26 A licensee, registrant, or permit holder under this chapter may
27 also be subject to disciplinary action if the licensee, registrant, or
28 permit holder:

29 (1) Is found guilty in any court of any crime involving forgery,
30 embezzlement, obtaining money under false pretenses, larceny,
31 extortion, or conspiracy to defraud and ten years have not elapsed
32 since the date of the conviction; or

33 (2) Has a judgment entered against him or her in any civil action
34 involving forgery, embezzlement, obtaining money under false pretenses,
35 larceny, extortion, or conspiracy to defraud and five years have not
36 elapsed since the date of the entry of the final judgment in the
37 action, but a license shall not be issued unless the judgment debt has
38 been discharged; or

1 (3) Has a judgment entered against him or her under chapter 19.86
2 RCW and two years have not elapsed since the entry of the final
3 judgment; but a license shall not be issued unless there has been full
4 compliance with the terms of such judgment, if any. The judgment shall
5 not be grounds for denial, suspension, nonrenewal, or revocation of a
6 license unless the judgment arises out of and is based on acts of the
7 applicant, licensee, or employee of the licensee; or

8 (4) Violates any section of RCW 18.130.180 of the uniform
9 disciplinary act.

10 Sec. 18. RCW 18.35.140 and 1993 c 313 s 5 are each amended to read
11 as follows:

12 The powers and duties of the department, in addition to the powers
13 and duties provided under other sections of this chapter, are as
14 follows:

15 (1) To provide facilities necessary to carry out the examination of
16 applicants for license.

17 (2) To authorize all disbursements necessary to carry out the
18 provisions of this chapter.

19 (3) To require the periodic examination of ~~((the audiometric))~~
20 testing equipment, as defined by the board, and to carry out the
21 periodic inspection of facilities of persons who ~~((deal in hearing~~
22 ~~aids))~~ are licensed under this chapter, as reasonably required within
23 the discretion of the department.

24 (4) To appoint advisory committees.

25 (5) To keep a record of proceedings under this chapter and a
26 register of all persons licensed registered, or holding permits under
27 this chapter. The register shall show the name of every living
28 licensee or permit holder for hearing instrument fitting/dispensing,
29 every living licensed speech-language pathologist, every living
30 licensed audiologist, every registered speech-language pathologist
31 assistant and audiologist assistant, with his or her last known place
32 of residence and the date and number of his or her license or
33 registration.

34 Sec. 19. RCW 18.35.150 and 1993 c 313 s 6 are each amended to read
35 as follows:

36 (1) There is created hereby the board ~~((on fitting and dispensing~~
37 ~~of hearing aids))~~ of hearing and speech to govern the three separate

1 professions: Hearing instrument fitting/dispensing, audiology, and
2 speech-language pathology. The board shall consist of seven members to
3 be appointed by the governor. In making appointments to the board the
4 governor shall consider the need for geographic, ethnic, and cultural
5 diversity.

6 (2) Members of the board shall be residents of this state. ((Two
7 members)) One member shall represent the public and shall have an
8 interest in the rights of consumers of health services, and shall not
9 be or have been a member of, or married to a member of, another
10 licensing board, a licensee of a health occupation board, an employee
11 of a health facility, nor derive his or her primary livelihood from the
12 provision of health services at any level of responsibility. Two
13 members shall be persons ((~~experienced in the fitting of hearing aids~~))
14 who ((~~shall hold valid licenses~~)) are licensed under this chapter ((and
15 ~~who~~)), do not have a master's level college degree in audiology, have
16 at least five years of experience in the practice of fitting and
17 dispensing, and must be actively engaged in fitting and dispensing
18 within two years of appointment. Two members of the board shall be
19 audiologists licensed under this chapter who have at least five years
20 of experience in the practice of audiology and must be actively engaged
21 in practice within two years of appointment. Two members of the board
22 shall be speech-language pathologists licensed under this chapter who
23 have at least five years of experience in the practice of speech-
24 language pathology and must be actively engaged in practice within two
25 years of appointment. One advisory nonvoting member shall be a medical
26 or osteopathic physician specializing in diseases of the ear. ((Two
27 ~~members must be experienced in the fitting of hearing aids, must be~~
28 ~~licensed under this chapter, and shall have received at a minimum a~~
29 ~~masters level college degree in audiology.~~))

30 (3) The term of office of a member is three years. Of the initial
31 appointments, one hearing instrument fitter/dispenser, one speech-
32 language pathologist, and one audiologist shall be appointed for a term
33 of two years, and one hearing instrument fitter/dispenser, one speech-
34 language pathologist, one audiologist, and one consumer shall be
35 appointed for a term of three years. Thereafter, all appointments
36 shall be made for expired terms. No member shall be appointed to serve
37 more than two consecutive terms. A member shall continue to serve
38 until a successor has been appointed. The governor shall either
39 reappoint the member or appoint a successor to assume the member's

1 duties at the expiration of his or her predecessor's term. A vacancy
2 in the office of a member shall be filled by appointment for the
3 unexpired term.

4 (4) (~~The chair of the board shall be elected from the membership~~
5 ~~of the board at the beginning of each year.~~) The chair shall rotate
6 annually among the fitter/dispensers, speech-language pathologists,
7 audiologists, and public members serving on the board. In the absence
8 of the chair, the board shall appoint an interim chair. In event of a
9 tie vote, the issue shall be brought to a second vote and the chair
10 shall refrain from voting:

11 (5) The board shall meet at least once each year, at a place, day
12 and hour determined by the board, unless otherwise directed by a
13 majority of board members. The board shall also meet at such other
14 times and places as are requested by the department or by three members
15 of the board. A quorum is a majority of the board. A
16 fitter/dispenser, speech-language pathologist, and audiologist must be
17 represented. Meetings of the board shall be open and public, except
18 the board may hold executive sessions to the extent permitted by
19 chapter 42.30 RCW.

20 (6) Members of the board shall be compensated in accordance with
21 RCW 43.03.240 and shall be reimbursed for their travel expenses in
22 accordance with RCW 43.03.050 and 43.03.060.

23 Sec. 20. RCW 18.35.161 and 1993 c 313 s 7 are each amended to read
24 as follows:

25 The board shall have the following powers and duties:

26 (1) To establish by rule such minimum standards and procedures in
27 the fitting and dispensing of hearing (~~aids~~) instruments as deemed
28 appropriate and in the public interest;

29 (2) To develop guidelines on the training and supervision of
30 (~~trainees~~) hearing instrument fitter/dispenser permit holders and to
31 establish requirements regarding the extent of apprenticeship training
32 and certification to the department;

33 (3) To adopt any other rules necessary to implement this chapter
34 and which are not inconsistent with it;

35 (4) To develop, approve, and administer (~~all licensing~~
36 ~~examinations required by this chapter~~) or supervise the administration
37 of licensing examinations to applicants for licensure or registration
38 under this chapter; ((and))

1 (5) To require a licensee, registrant, or permit holder to make
2 restitution to any individual injured by a violation of this chapter or
3 chapter 18.130 RCW, the uniform disciplinary act. The authority to
4 require restitution does not limit the board's authority to take other
5 action deemed appropriate and provided for in this chapter or chapter
6 18.130 RCW;

7 (6) To pass upon the qualifications of applicants for licensure,
8 registration, or permits and to certify to the secretary;

9 (7) To recommend requirements for continuing education and
10 continuing competency requirements as a prerequisite to renewing a
11 license or registration under this chapter;

12 (8) To keep an official record of all its proceedings. The record
13 is evidence of all proceedings of the board that are set forth in this
14 record;

15 (9) To establish by rule standards for duties, roles, and
16 responsibilities of assistants to speech-language pathologists and
17 audiologists, including but not limited to the ratio of speech-language
18 pathologists and audiologists to supervised assistants and the
19 frequency, duration, and documentation of supervision;

20 (10) To establish by rule minimum standards for examination for
21 speech-language pathologist assistants and audiologist assistants;

22 (11) To establish by rule the guidelines for inactive status of
23 speech-language pathologists and audiologist assistants;

24 (12) To adopt rules, if the board finds it appropriate, in response
25 to questions put to it by professional health associations, hearing
26 instrument fitter/dispensers or audiologists, speech-language
27 pathologists, speech-language pathologist assistants, audiologist
28 assistants, permit holders, and consumers in this state; and

29 (13) To adopt rules relating to standards of care relating to
30 hearing instrument fitter/dispensers or audiologists, including the
31 dispensing of hearing instruments, and relating to speech-language
32 pathologists, including dispensing of communication devices.

33 NEW SECTION. Sec. 21. A new section is added to chapter 18.35 RCW
34 to read as follows:

35 Violation of the standards adopted by rule under RCW 18.35.161 is
36 unprofessional conduct under this chapter and chapter 18.130 RCW.

1 Sec. 22. RCW 18.35.170 and 1993 c 313 s 8 are each amended to read
2 as follows:

3 A member of the board (~~((on fitting and dispensing of hearing aids))~~)
4 of hearing and speech shall not be permitted to take the examination
5 provided under this chapter (~~((unless he or she has first satisfied the~~
6 ~~department that adequate precautions have been taken to assure that he~~
7 ~~or she does not and will not have any knowledge, not available to the~~
8 ~~members of the public at large, as to the contents of the~~
9 ~~examination))~~).

10 Sec. 23. RCW 18.35.172 and 1987 c 150 s 21 are each amended to
11 read as follows:

12 The uniform disciplinary act, chapter 18.130 RCW, governs
13 unlicensed and unregulated practice, the issuance and denial of
14 licenses, registrations, and permits, and the discipline of licensees,
15 registrants, and permit holders under this chapter.

16 Sec. 24. RCW 18.35.175 and 1983 c 39 s 21 are each amended to read
17 as follows:

18 It is unlawful to (~~((sell))~~) fit or dispense a hearing (~~((aid))~~)
19 instrument to a resident of this state if the attempted sale or
20 purchase is offered or made by telephone or mail order and there is no
21 face-to-face contact to test or otherwise determine the needs of the
22 prospective purchaser. This section does not apply to the sale of
23 hearing (~~((aids))~~) instruments by wholesalers to licensees under this
24 chapter.

25 Sec. 25. RCW 18.35.180 and 1973 1st ex.s. c 106 s 18 are each
26 amended to read as follows:

27 Acts and practices in the course of trade in the promoting,
28 advertising, selling, fitting, and dispensing of hearing (~~((aids))~~)
29 instruments shall be subject to the provisions of chapter 19.86 RCW
30 (Consumer Protection Act) and RCW 9.04.050 (False Advertising Act) and
31 any violation of the provisions of this chapter shall constitute
32 violation of RCW 19.86.020.

33 Sec. 26. RCW 18.35.185 and 1993 c 313 s 9 are each amended to read
34 as follows:

1 (1) In addition to any other rights and remedies a purchaser may
2 have, the purchaser of a hearing ~~((aid))~~ instrument shall have the
3 right to rescind the transaction for other than the hearing instrument
4 fitter/dispenser or audiologist licensee's or permit holder's breach
5 if:

6 (a) The purchaser, for reasonable cause, returns the hearing
7 ~~((aid))~~ instrument or holds it at the ~~((licensee's))~~ hearing instrument
8 fitter/dispenser or audiologist's or permit holder's disposal, if the
9 hearing ~~((aid))~~ instrument is in its original condition less normal
10 wear and tear. "Reasonable cause" shall be defined by the board but
11 shall not include a mere change of mind on the part of the purchaser or
12 a change of mind related to cosmetic concerns of the purchaser about
13 wearing a hearing ~~((aid))~~ instrument; and

14 (b) The purchaser sends notice of the cancellation by certified
15 mail, return receipt requested, to the establishment employing the
16 hearing instrument fitter/dispenser or audiologist licensee or permit
17 holder at the time the hearing ~~((aid))~~ instrument was originally
18 purchased, and the notice is posted not later than thirty days
19 following the date of delivery, but the purchaser and the hearing
20 instrument fitter/dispenser or audiologist licensee or permit holder
21 may extend the deadline for posting of the notice of rescission by
22 mutual, written agreement. In the event the hearing ~~((aid is in the~~
23 ~~possession of the licensee or the licensee's representative))~~
24 instrument develops a problem which qualifies as a reasonable cause for
25 recision or which prevents the purchaser from evaluating the hearing
26 instrument, and the purchaser notifies the establishment employing the
27 hearing instrument fitter/dispenser or audiologist licensee or permit
28 holder of the problem during the thirty days following the date of
29 delivery and documents such notification, the deadline for posting the
30 notice of rescission shall be extended by an equal number of days
31 ~~((that the aid is in the possession of the licensee or the licensee's~~
32 ~~representative))~~ as those between the date of the notification of the
33 problem to the date of its resolution. Where the hearing ~~((aid))~~
34 instrument is returned to the hearing instrument fitter/dispenser or
35 audiologist licensee or permit holder for any inspection for
36 modification or repair, and the hearing instrument fitter/dispenser or
37 audiologist licensee or permit holder has notified the purchaser that
38 the hearing ~~((aid))~~ instrument is available for redelivery, and where
39 the purchaser has not responded by either taking possession of the

1 hearing ((aid)) instrument or instructing the hearing instrument
2 fitter/dispenser or audiologist licensee or permit holder to forward it
3 to the purchaser, then the deadline for giving notice of the rescission
4 shall ((begin)) extend no more than seven working days after this
5 notice of availability.

6 (2) If the transaction is rescinded under this section or as
7 otherwise provided by law and the hearing ((aid)) instrument is
8 returned to the hearing instrument fitter/dispenser or audiologist
9 licensee or permit holder, the hearing instrument fitter/dispenser or
10 audiologist licensee or permit holder shall refund to the purchaser any
11 payments or deposits for that hearing ((aid)) instrument. However, the
12 hearing instrument fitter/dispenser or audiologist licensee or permit
13 holder may retain, for each hearing ((aid, fifteen percent of the total
14 purchase price or one hundred dollars, whichever is less)) instrument,
15 an amount to be determined by the board. The hearing instrument
16 fitter/dispenser or audiologist licensee or permit holder shall also
17 return any goods traded in contemplation of the sale, less any costs
18 incurred by the hearing instrument fitter/dispenser or audiologist
19 licensee or permit holder in making those goods ready for resale. The
20 refund shall be made within ten business days after the rescission.
21 The buyer shall incur no additional liability for such rescission.

22 (3) For the purposes of this section, the purchaser shall have
23 recourse against the bond held by the establishment entering into a
24 purchase agreement with the buyer, as provided by RCW 18.35.240.

25 Sec. 27. RCW 18.35.190 and 1989 c 198 s 8 are each amended to read
26 as follows:

27 In addition to remedies otherwise provided by law, in any action
28 brought by or on behalf of a person required to be licensed or
29 registered or hold a permit hereunder, or by any assignee or transferee
30 ((thereof, arising out of the business of fitting and dispensing of
31 hearing aids))), it shall be necessary to allege and prove that the
32 licensee, registrant, or permit holder at the time of the transaction
33 held a valid license, registration, or permit as required by this
34 chapter, and that such license, registration, or permit has not been
35 suspended or revoked pursuant to RCW 18.35.110, 18.35.120, or
36 18.130.160.

1 Sec. 28. RCW 18.35.195 and 1983 c 39 s 22 are each amended to read
2 as follows:

3 (1) This chapter shall not apply to military or federal government
4 employees (~~(, nor shall it apply to)~~).

5 (2) This chapter does not prohibit or regulate:

6 (a) Fitting or dispensing by students enrolled in an accredited
7 program who are supervised by a licensed hearing ((aid)) instrument
8 fitter/dispenser under the provisions of this chapter;

9 (b) The practice of speech-language pathology or audiology by
10 students who are supervised and enrolled in approved institutions of
11 higher learning as may be incidental to their course of study so long
12 as such activities do not go beyond the scope of practice defined by
13 this chapter; and

14 (c) Hearing instrument fitter/dispensers, speech-language
15 pathologists, or audiologists of other states, territories, or
16 countries, or the District of Columbia while appearing as clinicians of
17 bona fide educational seminars sponsored by speech-language pathology,
18 audiology, medical, or other healing art professional associations so
19 long as such activities do not go beyond the scope of practice defined
20 by this chapter.

21 Sec. 29. RCW 18.35.205 and 1983 c 39 s 24 are each amended to read
22 as follows:

23 The legislature finds that the public health, safety, and welfare
24 would best be protected by uniform regulation of hearing (~~((aid fitter-~~
25 ~~dispensers))~~ instrument fitter/dispensers, speech-language
26 pathologists, audiologists, permit holders, and respective assistants
27 throughout the state. Therefore, the provisions of this chapter
28 relating to the licensing of hearing ((aid fitter dispensers and
29 hearing—aid)) instrument fitter/dispensers, speech-language
30 pathologists, and audiologists, registration of speech-language
31 pathologist assistants and audiologist assistants, and regulation of
32 permit holders and their respective establishments is exclusive. No
33 political subdivision of the state of Washington within whose
34 jurisdiction a hearing ((aid)) instrument fitter/dispenser, audiologist,
35 or speech-language pathologist establishment is located may require any
36 registrations, bonds, licenses, or permits of the establishment or its
37 employees or charge any fee for the same or similar purposes:
38 PROVIDED, HOWEVER, That nothing herein shall limit or abridge the

1 authority of any political subdivision to levy and collect a general
2 and nondiscriminatory license fee levied on all businesses, or to levy
3 a tax based upon the gross business conducted by any firm within the
4 political subdivision.

5 Sec. 30. RCW 18.35.230 and 1989 c 198 s 9 are each amended to read
6 as follows:

7 (1) Each licensee registrant, or permit holder shall name a
8 registered agent to accept service of process for any violation of this
9 chapter or rule adopted under this chapter.

10 (2) The registered agent may be released at the expiration of one
11 year after the license, registration, or permit issued under this
12 chapter has expired or been revoked.

13 (3) Failure to name a registered agent for service of process for
14 violations of this chapter or rules adopted under this chapter may be
15 grounds for disciplinary action.

16 Sec. 31. RCW 18.35.240 and 1993 c 313 s 11 are each amended to
17 read as follows:

18 (1) Every establishment engaged in the fitting and dispensing of
19 hearing ~~((aids))~~ instruments shall file with the department a surety
20 bond in the sum of ten thousand dollars, running to the state of
21 Washington, for the benefit of any person injured or damaged as a
22 result of any violation by the establishment's employees or agents of
23 any of the provisions of this chapter or rules adopted by the
24 secretary.

25 (2) In lieu of the surety bond required by this section, the
26 establishment may file with the department a cash deposit or other
27 negotiable security acceptable to the department. All obligations and
28 remedies relating to surety bonds shall apply to deposits and security
29 filed in lieu of surety bonds.

30 (3) If a cash deposit is filed, the department shall deposit the
31 funds with the state treasurer. The cash or other negotiable security
32 deposited with the department shall be returned to the depositor one
33 year after the establishment has discontinued the fitting and
34 dispensing of hearing ~~((aids))~~ instruments if no legal action has been
35 instituted against the establishment, its agents or employees, or the
36 cash deposit or other security. The establishment owners shall notify
37 the department if the establishment is sold, changes names, or has

1 discontinued the fitting and dispensing of hearing ((aids)) instruments
2 in order that the cash deposit or other security may be released at the
3 end of one year from that date.

4 (4) A surety may file with the department notice of withdrawal of
5 the bond of the establishment. Upon filing a new bond, or upon the
6 expiration of sixty days after the filing of notice of withdrawal by
7 the surety, the liability of the former surety for all future acts of
8 the establishment terminates.

9 (5) Upon the filing with the department notice by a surety of
10 withdrawal of the surety on the bond of an establishment or upon the
11 cancellation by the department of the bond of a surety under this
12 section, the department shall immediately give notice to the
13 establishment by certified or registered mail with return receipt
14 requested addressed to the establishment's last place of business as
15 filed with the department.

16 (6) The department shall immediately cancel the bond given by a
17 surety company upon being advised that the surety company's license to
18 transact business in this state has been revoked.

19 (7) Each invoice for the purchase of a hearing ((aids)) instrument
20 provided to a customer must clearly display on the first page the bond
21 number of the establishment or the licensee ((selling)) or permit
22 holder fitting/dispensing the hearing ((aids)) instrument.

23 Sec. 32. RCW 18.35.250 and 1991 c 3 s 86 are each amended to read
24 as follows:

25 (1) In addition to any other legal remedies, an action may be
26 brought in any court of competent jurisdiction upon the bond, cash
27 deposit, or security in lieu of a surety bond required by this chapter,
28 by any person having a claim against a licensee or permit holder,
29 agent, or establishment for any violation of this chapter or any rule
30 adopted under this chapter. The aggregate liability of the surety to
31 all claimants shall in no event exceed the sum of the bond. Claims
32 shall be satisfied in the order of judgment rendered.

33 (2) An action upon the bond shall be commenced by serving and
34 filing the complaint within one year from the date of the cancellation
35 of the bond. An action upon a cash deposit or other security shall be
36 commenced by serving and filing the complaint within one year from the
37 date of notification to the department of the change in ownership of
38 the establishment or the discontinuation of the fitting and dispensing

1 of hearing ((~~aide~~)) instruments by that establishment.. Two copies of
2 the complaint shall be served by registered or certified mail, return
3 receipt requested, upon the department at the time the suit is started.
4 The service constitutes service on the surety. The secretary shall
5 transmit one copy of the complaint to the surety within five business
6 days after the copy has been received.

7 (3) The secretary shall maintain a record, available for public
8 inspection, of all suits commenced under this chapter under surety
9 bonds, or the cash or other security deposited in lieu of the surety
10 bond. In the event that any final judgment impairs the liability of
11 the surety upon a bond so furnished or the amount of the deposit so
12 that there is not in effect a bond undertaking or deposit in the full
13 amount prescribed in this section, the department shall suspend the
14 license until the bond undertaking or deposit in the required amount,
15 unimpaired by unsatisfied judgment claims, has been furnished.

16 (4) If a judgment is entered against the deposit or security
17 required under this chapter, the department shall, upon receipt of a
18 certified copy of a final judgment, pay the judgment from the amount of
19 the deposit or security.

20 NEW SECTION. Sec. 33. If any provision of this act or its
21 application to any person or circumstance is held invalid, the
22 remainder of the act or the application of the provision to other
23 persons or circumstances is not affected.

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